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...UIRY HELD AT FORT VERMILION, ALBERTA

MAY 22-27, 1973

RE: ADMINISTRATION OF ST. THERESA GENERAL HOSPITAL

Pursuant to Order-in-Council 544/73

REPORT OF THE COMMITTEE OF INQUIRY

APPEARANCES

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D. Ross, Esq.,	Counsel for the Alberta Hospital Association and Board of the Hospital
...q., Q.C.	Appearing for E.J. Carrier
	Court Reporter

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The Honourable Neil Crawford
Minister of Health and Social Development
227 Legislative Building
Edmonton, Alberta

Dear Sir:

Re: Committee of Inquiry appointed pursuant to Order In Council 544/73 for the purpose of inquiring into certain allegations respecting the conduct and management of St. Theresa General Hospital, Fort Vermilion, Alberta

I have the honour to submit the following Report relating to the conduct and management of St. Theresa General Hospital, Fort Vermilion, Alberta pursuant to Order In Council 544/73 in respect of which the writer was appointed as a Committee of Inquiry. (Appendix "A")

A. PREAMBLE

A Public Hearing was conducted at Fort Hall in Fort Vermilion, Alberta, which hearing commenced at 10:00 a.m., Tuesday, May 22nd, 1973 and terminated at 5:00 p.m., Sunday, May 27th, 1973. Evening sessions were held as well to accommodate all the witnesses who wished to testify. The actual hearing occupied a total of 45 hours and the total number of witnesses who testified was 45. Appendix "C" contains a list of the 45 witnesses who testified at the Public Hearing and the number opposite each name indicates the sequence in which he or she testified. At the commencement of the Inquiry, a total of 62 persons had indicated their intention and desire to testify. Appendix "D" to this Report is a list containing the names of 25 persons who had, prior to the Inquiry, indicated that they wished to testify, but who in fact, did not appear

at the Inquiry to give evidence. There were 19 written complaints submitted prior to the Inquiry, copies of which were made available to the writer. In addition to the foregoing, the writer was provided with a copy of the Joint Resolution dated April 8th, 1973 addressed to the Honourable Peter Lougheed, Premier of Alberta, which Resolution was submitted on behalf of the four Treaty Indian Band Councils, namely the Upper Hay River Band, the Little Red River Band, the Boyer River Band and the Tall Cree Band. A copy of this Joint Resolution was furnished to the writer prior to the Public Hearing. The writer was also provided beforehand with a copy of the Petition which was circulated in the Fort Vermilion area in the Spring of 1972 requesting that the Provincial Government install an official trustee to oversee the operation of the St. Theresa General Hospital for a period of one year. My observations and findings relating to this Petition will appear further on in this Report.

Notice of the intended hearing was publicised in advance through the medium of the Peace River Record-Gazette and the Edmonton Journal, both of which newspapers are in wide circulation in the Fort Vermilion area. A copy of the Notice of Hearing appears as Appendix "B" to this Report.

I was advised prior to the Inquiry that Fort Hall could accommodate approximately 250 people and I observed that during the entire hearing practically all of these seats were occupied and the entrance to the hall on a number of occasions was occupied by standees.

Arrangements were made for the services of interpreters in case of necessity and an announcement relating to the availability of interpreters was made at the commencement of the hearing. The services of two

Cree interpreters and one Slavey interpreter were, in fact, utilized during the course of the hearing.

In addition to Mr. Sydney A. Bercov, who was appointed Counsel to the Committee of Inquiry, there were three other counsel present including Mr. Christopher D.Evans who appeared as Counsel for the Metis Association of Alberta and the Indian Association of Alberta, Mr. Donald Ross who appeared as Counsel for the Alberta Hospital Association and the Board of Trustees of the Fort Vermilion General Hospital. After the Inquiry had gotten underway, Mr. Carrier indicated a desire to be represented by counsel on his own behalf and he retained the services of Mr. Lloyd A. Levesque, Q.C. who acted on behalf of Mr. Carrier for the latter part of the Inquiry. An official Court Reporter was obtained for the purposes of transcribing all the evidence. Following the Inquiry a transcript was prepared of the proceedings which consisted of Volumes I to III inclusive which contained all the evidence and Volume IV which contained copies of the 25 exhibits entered as part of the proceedings. Copies of Volumes I to IV inclusive of the official transcript were furnished to your department and each of the solicitors and parties involved also received a set as well.

In listening to the evidence and preparing this report, I gave some consideration to the standard of proof that should be used in assessing the evidence of the various witnesses and I came to the conclusion that because this was more in the nature of a civil type of fact-finding inquiry as opposed to a criminal type proceeding that the proper test to apply would be the test usually used in civil matters, namely "a reasonable preponderance of probability."

Prior to the opening of the Inquiry, a meeting was held which was attended by the writer, Mr. Bercov, as Counsel to the Committee of Inquiry and the three other counsel involved and there was general discussion as to the mode in which the Inquiry would be conducted. The discussion included a consideration of the applicability of the usual rules of evidence as adhered to in our civil and criminal courts. Because of the peculiar nature of this Inquiry and the fact that it was anticipated that the bulk of the witnesses would be persons who were non-white, I felt that there should be some relaxation in the applicability of the rules of evidence so as to avoid arguments of a highly technical nature which might confuse the witnesses and obscure the issues before the Inquiry. Furthermore, I felt that the atmosphere of the Inquiry should be conducted on a less formalized basis than would be the usual case in a court of criminal or civil jurisdiction so as to avoid any feeling on the part of the native population who participated in the Inquiry and who were unfamiliar with this type of process, from feeling in any way intimidated by the proceedings. All witnesses were either sworn or affirmed prior to giving their evidence and all of those participating in the Inquiry were permitted to remain seated throughout the hearing. Anyone who felt that they had evidence or information bearing on the subject matter of the Inquiry was encouraged to testify and letters were sent out to the various individuals and organizations involved prior to the Inquiry requesting the names of persons who wished to appear and testify. In addition, letters were sent out individually to each person who had submitted a written complaint asking them if they wished to appear to give evidence. I am satisfied that all of those who wished to testify at the Inquiry were given the fullest opportunity to do so.

B. HISTORICAL

The Board of Trustees for the Fort Vermilion General Hospital was established on October of 1969 effective January 1st, 1970 by Ministerial Order. Until recently this hospital served the Northern part of Alberta, North of Paddle Prairie and covered an area approximately thirty thousand square miles extending from Garden River in the East to Wood Buffalo Park right to Rainbow Lake. Recently a new hospital came into operation in High Level some 45 miles to the West and this currently has reduced the area served by the Fort Vermilion Hospital. Approximately eight to nine thousand people are included in the area serviced by the Fort Vermilion Hospital. The population would include about 2,560 Treaty Indians who, for the most part, reside on the reserves and the balance would be composed of Metis and white persons. The hospital has 36 beds with a staff of two doctors, eight registered nurses plus the Director of Nursing, normally four Certified Nursing Aids and eight Ward Aids. A dietary technician is also maintained as part of the staff. There are two persons who look after the maintenance of the hospital and a business manager who assists the Administrator. Ephrem J. Carrier was hired as Administrator, effective January 1st, 1971.

The hospital is under the supervision of the Alberta Hospital Services Commission pursuant to the provisions of the Alberta Hospitals Act and annual evaluations of the hospital were carried out by representatives of the Alberta Hospital Services Commission as required by the Act.

It appears that prior to January 1st, 1970 the hospital was operated privately as a Roman Catholic missionary hospital under the auspices of the Oblate Fathers with the Sisters of Providence providing the nursing staff. It appears that Mr. Carrier was the fourth administrator for the hospital since its establishment on January 1st, 1970. The hospital is situate in Fort Vermilion in Improvement District No. 23, administered by a local advisory board under the direction of the Department of Municipal Affairs.

There is a $5.00 admission fee payable by each in-patient and in the case of Treaty Indians, this is paid by the Department of National Health and Welfare and in the case of non-treaty Indians and white persons, it is paid by the patient. The Hospital Board is composed of five persons: Mr. J.A.W. Newman of Fort Vermilion Alberta, Mr. Stanley J. Smith of Fort Vermilion, Alberta, Mr. Simon Froese of LaCrete, Alberta, Mr. William Fehr of LaCrete, Alberta and Mr. Peter Hawryluik of High Level, Alberta. Mr. Newman is Chairman of the Hospital Board.

C. THE TERMS OF REFERENCE OF ORDER IN COUNCIL 544/73 and "DISCRIMINATION"

The terms of reference of Order in Council 544/73 posed the question: "What is the kind of conduct intended to be covered by the terms of reference and to which the Inquiry is to be aimed?" The first paragraph of the preamble uses the phrase, "a public controversy". The second paragraph in the preamble makes reference to, "diverse allegations" and the request that "an investigation be carried out into the conduct and management of the hospital". Reference is also made to a request to

have Ephrem J. Carrier replaced as Administrator of the hospital. The operative part of the Order in Council requires the Committee of Inquiry to inquire into "the aforesaid public controversy and allegations in respect to the management of the St. Theresa General Hospital... as administered by Ephrem J. Carrier..." By necessary implication, therefore, the phrases found in the operative part of the Order in Council, namely "the aforesaid public controversy and allegations" and the term "public controversy" and the phrase "diverse allegations" referred to in the Order in Council must be assumed to relate to the complaints of various persons which were reduced to writing and copies of which were ultimately forwarded to the Hospital Services Division. They presumably would include a copy of the Petition that was circulated in the Spring of 1972 in the Fort Vermilion area and the Joint Resolution of the four Treaty Band Councils. Any additional complaints submitted as part of the evidence at the Inquiry itself would undoubtedly be included in the phrases "a public controversy" and "diverse allegations". It is noted that only two of the written complaints used the word "discrimination" and there is no reference in the Order in Council to the word "discrimination". The purport of the complaints that were submitted in writing prior to the Inquiry and the general thrust of the evidence at the Inquiry itself were to the effect that Indians and Metis were badly treated or in some way wronged by Mr. Carrier during the course of his acting as Administrator of the hospital. It is also noted that with two or three exceptions, allegations of misconduct on the part of Mr. Carrier were vis-a-viv Indians or Metis persons. A number of the persons who testified at the Inquiry itself made use of the term "discrimination" during the course of their evidence. It

appeared to me, therefore, that the type of conduct which the Committee of Inquiry was specifically charged to inquire into was, in its essence, a type of "discrimination" and in this instance could probably be more accurately described as "racial discrimination". The question that is then posed is--having regard to the terms of reference, what kind of conduct constitutes discrimination.

(1) What is the meaning of the term "discrimination"

In the book Let's Take a Look at Prejudice and Discrimination published by the Secretary of State for Canada as part of a continuing program on education in human rights, we find the genesis of discrimination:- "... prejudice is a state of mind, a way of feeling which causes, supports or appears to justify discrimination. In other words prejudice is the psychological attitude behind the practice of discrimination." In the booklet The Main Types and Causes of Discrimination published by the United Nations, we read that:- "Discriminatory acts which are conduct outwardly manifested originate from within, namely from prejudice which creates an unfavourable attitude of mind...generally speaking, it is much easier to attack discrimination directly than to attempt to suppress prejudice. Discrimination at least in its external form can be prevented or suppressed by legal measures. Prejudice on the other hand is not controllable in that sense." Discrimination is described further as "unequal and unfavourable treatment either by denying rights or social advantage to members of a particular social catagory; or by imposing special burdens on them; or by granting favours exclusively to the members of another catagory, creating in this way inequality between those who belong to the privileged catagory and the others".

In Volume VII, Halsbury's Laws of England, Third Edition we find discrimination defined as follows:-

> "A person discriminates against another if on the ground of colour, race or ethnic or national origins he treats that other less favourably than he treats or would treat other persons, in the provision of goods, facilities and services, in employment, membership of trade unions and employers and trade organizations, in disposal of housing accommodation and business and other premises and in advertisements and notices. Segregating a person from other persons on any of the above grounds is treating him less favourably."

Shakespeare attempted to describe the agony of discrimination when Shylock said:-

> "Hath not a Jew eyes? hath not a Jew hand organs, dimensions, senses, affections, passions? fed with the same food, hurt with the same weapons, subject to the same diseases, healed by the same means, warmed and cooled by the same winter and summer.... If you prick us, do we not bleed? If you tickle us, do we not laugh? if you poison us, do we not die? and if you wrong us, shall we not revenge?

Close scrutiny of the two foregoing definitions of discrimination would seem to indicate that there are two basic elements which must be found to exist before discrimination can be found. The first is the prejudice which exists in the mind of the person who is alleged to be discriminatory. The second is the exterior manifestation of that prejudice which takes the form of certain acts or conduct which are the projection of the prejudice present in the mind of the person alleged to be discriminatory. It is noted that in the definition referred to above contained in the book, The Main Types and Causes of Discrimination, the phrase used is "unequal and unfavourable treatment". In the definition contained in Halsbury referred

to above, the phrase "he treats that other less favourably" is used. It seems, therefore, that the ascertainment of whether or not discrimination has, in fact, been practiced must be resolved on the basis of objective standards. "What did the person do or say from which an inference can be drawn to substantiate the practicing of discriminatory acts or conduct?" To put the matter in another light, the prejudice must be "externalized" in some fashion in order for it to qualify as discriminatory. The logic of this proposition seems grounded in common sense. It is not likely that anyone will be affected in any way by what I think, but conversley, they could be hurt or wronged in some way if, by my words or my conduct, I give expression to that prejudice to the detriment of the person who is the object of my discriminatory word or act.

The above definitions would also seem to imply that there must be some sort of relationship between the person doing the discriminating and the person who is the object of the discriminatory words or acts. To use an example; if I am a real estate agent empowered to sell a house belonging to a white man in a predominantly white neighbourhood, and if I am approached by a black family that wishes to purchase the house, and I refuse to sell the house to the black family solely because they are black, then we have a relationship consisting of an owner who wishes to sell and a purchaser who wishes to purchase. My refusal to sell to the black family solely because they are black amounts to discriminatory <u>treatment</u> of the black family. In the case of the Fort Vermilion hospital there would appear to be a parallel type of relationship. The administrator is charged with the responsibility of operating a hospital so as to enable

it to provide certain medical services to propsective out-patients and in-patients. The latter are, of course, entitled to expect that they will receive these services on a par with everyone else. Similarly, there exists an employer-employee relationship between the administrator and the hospital staff which would entitle the hospital staff to expect to receive the same type of treatment as anyone else. It is these types of relationships which create the milieu which enable the discrimination to become operative. It is no answer to say "oh well the patient can go to a different hospital" or "the employee doesn't have to work at that hospital as he can seek employment elsewhere". The question, therefore, which must be examined is whether or not there was, in fact, discrimination at Fort Vermilion Hospital in the light of the peculiar relationship that exists between the Administrator and the person who alleges that he was the object of a discriminatory act or word, whether he be a patient, employee or otherwise.

It is noted that the Alberta Bill of Rights (Chapter 1, Statutes of Alberta, 1972) recognizes and delcares the existence of certain human rights and fundamental freedoms "without discrimination by reason of race, national origin, colour, religion or sex". No attempt is made in the Act to define the sense in which the term "discrimination" is used, however, by enjoining discriminatory conduct, the Act does, in effect, formally recognize the need to suppress this particular evil in our society.

There was a quotation contained in the September 6th, 1973 edition of The Edmonton Journal attributed to Harold Cardinal, President

of the Indian Association of Alberta which illustrates with lucidity the pathos of "discrimination":-

> "I've never been able to see any difference between a drunken Indian and a drunken white."

In examining and assessing the evidence of the various complaints and witnesses, I have endeavoured to take into account all of the considerations stated above.

D. COMPLAINTS

The numbers which appear in brackets following the name of the witness represent the order in which the particular witness testified at the hearing and correspond to the number set opposite the name of each witness in Appendix "C" to this Report.

Louise Beaulieu (2) (Metis)

This witness alleges that sometime in July of 1972 she was told by the Director of Nursing, Mrs. Jean Murtagh to quit breast feeding her baby. When Mrs. Murtagh testified in relation to this complaint, she stated that she had no specific recollection of this conversation with Mrs. Beaulieu and she stated that she doubted if she would, in fact, have made this suggestion to Mrs. Beaulieu. Mrs. Murtagh indicated that it would be perfectly normal for her as the Director of Nursing to discuss feeding arrangements with the mother upon the baby being discharged from the hospital. The baby was apparently discharged on September 5th, 1972 when the baby would be not quite three months old. Mrs. Murtagh indicated that this would be about the time when the baby would be

weaned and would start phasing out the breast feeding and phasing in solid foods. The hospital records were produced which indicated that, in fact, Mrs. Beaulieu had breast fed her baby in July, 1972 and throughout August of 1972. Accordingly, it would appear that her complaint is not substantiated. In any event there is no suggestion of any impropriety on Mr. Carrier's part in relation to this specific complaint.

Mrs. Beaulieu indicated that she and her husband had had an altercation with Mr. Carrier regarding the purchase of some drugs at the hospital. She apparently eventually did receive the drugs that she had requested and it appears that the altercation arose over the question of a voucher. Mrs. Beaulieu said she didn't like to go to the hospital because she was "afraid of Mr. Carrier". When asked how she was treated by Mr. Carrier she stated "he just about threw me out". She also stated that "he talked as if he was mad". In his evidence given in rebuttal, Mr. Carrier stated that the matter of breast feeding was not an administrative matter, however, provision had to be made to admit as a patient, mothers who have a sick child or a child who has a sick mother when there is a breast feeding problem. The admission of a room-and-board-only patient is an administrative matter. He indicated that this would apply only in the case of mothers who had to come some distance. With respect to Louise Beaulieu, no such arrangements were necessary as she lived in the town of Fort Vermilion. In his evidence, Mr. Carrier states that he noticed Mrs. Beaulieu at the nursing station.

He asked the nurse if Mrs. Beaulieu had been given special authority to visit outside visiting hours and Carrier states that the nurse told him that she was breast feeding her baby and he said, "fine" and the matter was not discussed again. His only responsibility was to provide room for the baby and a place for the mother to feed the baby and he said this is what was done.

This complaint seems to stem from the altercation regarding the purchase of the drugs and the supplying of the necessary voucher and there is no evidence to suggest that this was anything more than an altercation that arose out of some form of misunderstanding and I cannot conclude on the basis of the evidence before me that anything that Carrier did in relation to this complaint, in fact, amounted to discrimination.

Ella Cardinal (5) (Metis)

This complaint relates back to September of 1972 at which time Mrs. Cardinal's young son had fallen off the roof of their house and she took him to the hospital about 9:30 in the morning. She completed the out-patient form for her son, and then apparently asked for the doctor, and was advised by Mr. Carrier that the doctor was busy which would necessitate her waiting until he was free. Mr. Carrier offered to obtain a nurse for her to look at her son but she refused the services of the nurse and said she wanted to wait for the doctor. Some two hours later, she actually saw Dr. Wiebe. The boy's face was swollen and his ear was bleeding and it appears that the doctor prescribed some eye and ear ache drops. It seems that the injury was

not serious as the doctor did not admit the boy to the hospital. Carrier's evidence in relation to this complaint was that he saw Mrs. Cardinal in the waiting room. He knew the doctor was busy either in surgery or making rounds or delivering babies. He offered to obtain a nurse to come and see the boy and this was refused. He stated that as soon as the out-patient form was made up it was taken to the nursing office where the doctors pick up the forms as soon as they are free. There was a notation on the out-patient form indicating a bleeding ear. This complaint appears to be of a very trifling nature, although undoubtedly it would be anoying for Mrs. Cardinal to have to wait two hours before the doctor could examine her boy. However, I think Mrs. Cardinal's refusal to permit the nurse to examine her son was unreasonable and if the nurse could have made a quick assessment of the situation at that point, from a medical standpoint, and if the injuries did appear to be serious she could have then advised the doctor who could have left what he was doing and looked after the boy. It appears to me that Carrier did everything that he could possibly do under the circumstances and it would seem that the problem in this instance was more of a medical one as opposed to an administrative problem. Furthermore, I don't feel that Mr. Carrier should be held accountable for a delay in the doctor seeing the patient when apparently the doctor was busy and Mrs. Cardinal refused the services of the nurse which, if accepted, might have, in fact, avoided further delay.

Mike Cardinal (7) (Metis)

This witness is the husband of Ella Cardinal, witness number 5.

He stated that when he and his wife took their little boy to the hospital they were called into Carrier's office and asked to pay on account of $25.00 for admission fees that Carrier represented as owing to the hospital. Mr. Cardinal alleges that Mr. Carrier asked him to pay this money back or he and his family would not be welcome in the hospital anymore. Mr. Cardinal had no comment to make when asked by Mr. Ross whether during the period January 1st, 1971 or 1972 until October 25th, 1972 he had not received hospital care to the value of $1,750.00 both for himself and his family, all of which was paid for by the Provincial Government with the exception of $45.00 covering admission fees on nine occasions. He went on to state that his only complaint was that Mr. Carrier raised his voice against him. When examined by Mr. Bercov, he stated that he didn't think that anything happened that would lead him to believe he was asked for the money by Carrier because he was a native and for reasons of discrimination rather than the possibility of a mistake. He wasn't able to state whether he was being treated any differently because he was a native person. He also agreed on examination that there were numerous admissions to the hospital for members of his family since the occasion when Carrier allegedly raised his voice. This complaint would appear to be of a trifling nature and would, in fact, tend to rebut any suggestion of discrimination on Carrier's part. At worst it amounts to a misunderstanding. If, in fact, Cardinal owed $45.00 for admission fees on nine occasions, then as Administrator of the hospital, it would be Carrier's responsibility to attempt to collect this sum.

Emile Cardinal (8) (Metis)

Emile Cardinal is 71 years old and was a patient in the hospital for about ten days in September of 1972. She complained that she was served bad food in the hospital cafeteria. She said there were other white people in the cafeteria at the same time, and she agreed that there was one dining room for the staff and one for the patients and that all the patients ate in the patients' cafeteria whether they were white or native. She states that she did not complain about the food to any of the hospital staff. She admitted that no member of the hospital staff ever told her which table she had to sit at in the cafeteria. This complaint appears to be a trivial one and there is nothing in the evidence to suggest any form of discrimination or that would support an allegation that native people received food that was inferior to what the white people received.

William Cardinal (9) (Metis)

This witness related to an incident that occurred in January of 1972 when he states that he took his infant daughter to Dr. Wiebe's office. Dr. Wiebe gave him a piece of paper admitting her to the hospital. He then took his daughter to the hospital and filled out an admission form. He states that he had to wait five hours and his daughter's temperature was 104, that she had double pneumonia and that it was 58 degrees below zero at the time. His complaint was essentially that he saw three white children who were waiting there at the same time who were admitted before his child was admitted. His child was one

year old. He states that he handed the admissions clerk the piece of paper that he had been given by Dr. Wiebe to admit the baby and she took it downstairs and he says that's the last he saw of her. He had to wait in the hallway because at that time there were no rooms set aside as a waiting room so anyone who was being admitted to the hospital had to sit on a chair in the hallway. He states that he was there from 2:10 in the afternoon until about 6:45 p.m. He maintains that he and his daughter were the only people waiting when they first arrived and then some other patients came in. He doesn't remember whether the other patients were men or women or who they were. He says the babies were brought in by someone but he never looked at the men or women who brought the babies in and he couldn't remember whether they were men or women. He admitted further on in his evidence that he didn't know whether the other patients, that is the other babies with the adults were sitting in the waiting area or whether they just walked right through. He mentioned that he had seen these same babies in Dr. Wiebe's office just prior to his coming over to the hospital. He states that after waiting for five hours he saw Carrier. Carrier brought him back the admission paper that he had obtained from Dr. Wiebe. He states that Carrier handed it to him and said "take this back to Dr. Wiebe's office" and he said, "get". So Mr. Cardinal left and returned to Dr. Wiebe's office. He states that he didn't ask Carrier or Dr. Wiebe why the baby wasn't being admitted to the hospital so he took his daughter back home. He admitted that since this incident there had actually been nine admissions to the hospital either by him or his daughter or other members

of the family. He also admitted on cross-examination that he didn't know whether the other children were white or native. He also was somewhat confused about the dates. I ordered the production of the hospital records showing the admissions for the date in question which were subsequently marked as exhibit 10. This disclosed the names of all the persons who were admitted to the hospital on that date and it included three infant children all of whom had differing surnames and there was no evidence to indicate whether they were white or native. In view of the fact that Dr. Wiebe did not insist that the baby be admitted to the hospital, this would seem to imply that the condition of the baby was not as serious as suggested by Mr. Cardinal. Mr. Cardinal's concern for the health of his child is readily understandable. If, as he states, he had to wait some four hours before being attended to at the hospital then his annoyance would be perfectly understandable, however, in view of the fact that the witness was unable to recall whether the other children were white or native, then I can only conclude that the evidence falls short of establishing in any way that white persons received preferential treatment over native persons at the hospital and any allegation of discrimination in relation to this complaint must be treated as unsupported. This witness, in fact, stated that Carrier did not use any words that would cause him to believe that he was treated any differently because he was an Indian. He states that Carrier did not swear at him or use any offensive words.

Isadore Gladue (10) (Metis)

Isadore Gladue is a gentleman of 66 years of age who was a patient in the hospital for around six days in November of 1972. His complaint which was a trivial one was that he had received some rice that wasn't properly cooked and he indicated that at the time he wasn't feeling good and thought perhaps he had a cold. He stated, "aside from the food that was not cooked right, I have no complaints". In his evidence he also stated, "I have no complaint against anybody on the hospital staff. I have been treated very good. They have made me well and they have made me better." Later on in his evidence he stated that white men got the same food that he got and that white people were treated the same way.

The manner in which this witness gave his testimony made a distinct impression on my mind. He indicated obvious discomfiture and distastfulness at having to voice a relatively minor complaint and he mentioned several times during the course of his evidence that he did not wish to cause any trouble for anyone. I gained the impression from listening to him that he was a very fair and truthful person and I felt that much weight and credence should be given to his evidence. He was one of a very few, if not the only one of the complainants who testified at the Inquiry who, out of an obvious sense of fairness, was prepared to acknowledge his gratitude to the hospital for the good treatment he had received. This witness, having been a patient in the hospital was in an excellent position to judge whether or not discrimination was, in fact, practiced and his evidence specifically refutes any suggestion that there may have been two standards of treatment, one for the whites and one for the non-whites.

Bella Gladue (11) (Metis)

Mrs. Gladue is the wife of the previous witness, Isadore Gladue. Her evidence indicates that she had never been a patient at the hospital since Carrier had become the Administrator, but she did visit her husband in the hospital and she testified that she had never once spoken to Carrier because she said he always "looks mean" -- "he never smiles at people or laughs at them." She admitted that he had never been rude or discourteous to her. She went on to state that she didn't like him because "he doesn't love Indian people". This witness stated candidly that the only thing that she could say was what she had heard how other people were treated in the hospital. Mrs. Gladue was the first witness who made reference to the Sisters of Providence who previously operated the hospital and she spoke in glowing terms of the way the Indian people were treated by the Sisters. She stated that "they were very courteous and kind and they showed their feelings through their smiles and got along well with people." There is nothing in Mrs. Gladue's evidence which would substantiate an allegation of discrimination on Carrier's part.

Alice Konda-Martel (12) (Treaty Indian - Slavey)

This witness related to an incident that took place in the Fall of 1971 when her baby was a patient at the hospital for about a week, apparently exhibiting symptoms of a cold and diarrhea. Miss Konda-Martel lived some 25 miles from Fort Vermilion on the Boyer Reserve. Dr. Wiebe was the attending physician. Miss Konda-Martel's complaint was basically that her baby was discharged from the hospital before she was actually

notified and the baby was sent to Maggie Mitchell's home following her discharge without her consent. Miss Konda-Martel's complaint was to the effect that her baby was discharged from the hospital and turned over to Maggie Mitchell without her knowledge or consent. It appears that there is no telephone on the Boyer Reserve and the only way to get a message is to phone Indian Affairs in High Level and they, in turn, would attempt to have a message delivered to the Reserve. The witness stated that Emma Smith, the Admissions Clerk at the hospital, tried to phone Indian Affairs in High Level but there was no one in the office. Miss Konda-Martel states that she was told by another woman from another Reserve who had come to her house, that the baby had been discharged whereupon Miss Konda-Martel went to the hospital with the baby clothes to pick up the baby and discovered that the baby was not in the hospital and had, in fact, been placed in the care of Maggie Mitchell who kept the baby in her own home over night. When Miss Konda-Martel arrived at the hospital and discovered that her baby had been discharged and placed in the care of Maggie Mitchell, she was extremely angry and had a conversation with Mrs. Justine Friesen who was the nurse on duty at the time. The baby was discharged on October 30th and sent out or picked up by Maggie Mitchell the same day and remained overnight at Maggie Mitchell's home and was readmitted to the hospital the following day, October 31st, 1971. The baby was then discharged on November 4th, four days later, readmitted on January 28th, 1972, discharged February 2nd, 1972, readmitted August 8th, 1972, discharged August 15th, 1972. Miss Konda-Martel thinks that she might have known who Maggie Mitchell was but had never really talked to her. She never authorized anyone at the hospital to

discharge her baby into the care of Maggie Mitchell or anyone else. She also states that she was never told by anybody at the hospital that they took other babies to Maggie Mitchell's house when there wasn't room at the hospital.

Mrs. Justine Friesen was called as a witness as she appeared to have evidence bearing on this complaint. She is a registered nurse and was in charge of the shift at the hospital when Miss Konda-Martel arrived in the afternoon of October 31st which is the same day the baby was readmitted. Mrs. Friesen described Miss Konda-Martel as being very unhappy when she found out her child wasn't at the hospital and had been taken to Maggie Mitchell's. Maggie Mitchell worked at the laundry at the hospital and had a number of children of her own at home. Mrs. Friesen had worked at the hospital since 1968 and had heard of no other occasions when babies were discharged and sent to Maggie Mitchell's house. She recalled one instance where a doctor at the hospital had sent a baby to the Hilltop Mission. On the patient's medical record, Dr. Wiebe had written the words, dated October 29th, "home tomorrow, tell the mother, or advise the mother". Mrs. Friesen stated that normally these orders would be seen by the nurse on duty and the discharge slip would then be taken down to the office and the office would then notify the mother. While Mrs. Friesen was discussing this matter with Miss Konda-Martel, Dr. Wiebe arrived and Mrs. Friesen, according to her evidence, told Dr. Wiebe he had better explain to Miss Konda Martel what had happened and apparently this was done. Mrs. Friesen wasn't able to state whether the doctor's order about advising the mother was ever carried out. In her evidence, Mrs. Friesen

stated that Dr. Wiebe appeared to be reluctant to tell the mother how her baby got to be taken out of the hospital and the witness stated that Miss Konda-Martel threatened to hit Dr. Wiebe and then Dr. Wiebe did explain to her how the baby happened to be taken to Maggie Mitchell's. Mrs. Friesen states that she overheard Dr. Wiebe tell Miss Konda-Martel that Carrier had sent the children over to Maggie Mitchell's home. It appears from the evidence that another child was also sent to Maggie Mitchell's home at the same time. Mrs. Friesen was asked whether the hospital was so over populated as not to be able to accommodate the Konda-Martel child and her reply was that if the hospital was that full there was no way the child would have been readmitted so quickly. Mrs. Friesen made reference to a period of time at the hospital prior to Dr. Wiebe's arrival when Dr. Brennan was on the staff and she stated that at that time if there was a sick child and they had no bed they just had to get a bed. She went on to state that somehow if they needed a bed it would materialize so that there would be no necessity to board a child out. If nothing else the child could be placed in a playpen.

Mrs. Friesen was asked whether it wouldn't come within the province of the hospital, assuming the parents lived quite a long distance from the hospital and couldn't pick the child up, for the hospital administration to say we will place the child somewhere for a few days and her answer was rather significant:

> "I would not go along with that for one minute, because if I had a child in the hospital and I couldn't make it that very day and I came the next day and somebody else had my child, you'd better believe there would be a stink."

She was next asked if there was a three or four day delay or even a week delay whether her answer would be the same and she said if that was the situation then the matter would have to be referred to the Department of Social Development.

Dr. Russel Wiebe, the attending physician was referred to this complaint when he testified. He stated that he knew nothing about the arrangements to place the child in Maggie Mitchell's home. He said he discharged the child and was then told that the child had been sent to Maggie Mitchell's home which he thought would displease the mother. Consequently he phoned Maggie Mitchell and asked her to bring the child back to the hospital for readmission. He indicated that he had been informed by Maggie Mitchell that the child had a temperature and had a runny nose. In his evidence he states, "I felt that the mother should know if a child had been sent from the hospital to a place other than her home. I felt she or any mother would be displeased." He adverted to the conversation he had with Miss Konda-Martel when she arrived to pick up the child and indicated that she was upset. Dr. Wiebe made inquiries as to why this was done and was apparently informed that the mother had been notified and the child had not been picked up and the hospital beds were full and, therefore, the child had been placed in the care of Maggie Mitchell. He went on to state that he had received this information from Mr. Carrier. Dr. Wiebe in his evidence believes that he mentioned this matter to Mr. Carrier as he considered it an administrative problem which should probably be handled by Mr. Carrier. Miss Konda-Martel had no complaint about the treatment the baby received in the hospital and she said she was happy with the treatment the baby received. Her complaint was essentially

that the baby was taken out of the hospital to Maggie Mitchell's house without her knowledge or consent. There is nothing in Miss Konda-Martel's evidence which would support an allegation of discrimination in the sense that I have referred to above, however, I cannot help but feel that Miss Konda-Martel's complaint is fully justified and her anger upon her arriving at the hospital and discovering that her child had been placed in Maggie Mitchell's home to be fully understandable, and I would accept without reservation the statement made by the nurse in charge, Mrs. Justine Friesen that follows:-

> "I would not go along with that for one minute, because if I had a child in the hospital and I couldn't make it that very day and I came the next day and somebody else had my child, you'd better believe there would be a stink."

Further on in her evidence, Mrs. Friesen stated that if the delay amounted to three or four days then the matter should be referred to the Department of Social Development. I would concur fully with Mrs. Friesen's evidence to the effect that if the hospital was short of beds for sick children somehow a bed would be produced or some of the children could be doubled up in their cots or even a playpen could be used in the case of dire necessity. This complaint poses a nice legal question as to whether or not an infant of tender years, can in fact, be legally discharged by the hospital without the presence of the parent or legal guardian to accept the child upon its discharge. In view of the fact that this complaint relates essentially to what is an administrative problem, I feel that Mr. Carrier used poor judgment in placing the baby, upon its discharge, with Mrs. Maggie Mitchell without the consent or knowledge of the mother. This is not in any way to suggest that Maggie Mitchell was not capable of

looking after the child. The evidence would appear to indicate the contrary. The question is simply whether the child could, consistent with good hospital practice and in conformity with relevant legal principles, discharge the child to the custody of a person who was not the parent or legal guardian without the consent of the parent or legal guardian. I am not unmindful of the difficult communications problem which exists in this area which undoubtedly makes the Administrator's job much more difficult, however, I feel bound to view this problem--as would a court of law--from the standpoint of the welfare of the child and the wishes of its lawful parent or guardian, which must be treated as paramount. However, it appears to me from Dr. Wiebe's evidence that after he discussed this matter with Mr. Carrier, Mr. Carrier readily acknowledged his fault and there has been no repetition of this type of incident since that occasion. It follows from the foregoing remarks that I am satisfied from the evidence given by Miss Konda-Martel that she, in fact, did not receive notification to the effect that her baby had been discharged from the hospital.

If a situation occurred where a child who was a patient in the hospital was ready to be discharged and the parent or guardian after being notified that the child was ready to be discharged did not attend at the hospital for the purpose of picking up the child, then Sections 15 and 16 of the Child Welfare Act could probably be invoked. Section 15 of the Child Welfare Act provides that:-

> 15. (1) Where he has reasonable and probable grounds for believing a child to be a neglected child,
> (a) a child welfare worker, or
> (b) a peace officer, or

(c) the Director, or
(d) a person specifically authorized in writing by the Director,

may apprehend the child without a warrant.

Section 16 provides as follows:-

16. (1) A child apprehended pursuant to section 15 may, pending the disposition of his case,
(a) be taken into custody and detained in a shelter, or
(b) be permitted to remain with or be returned to his parents, or either of them, or his guardian or other person in whose care he may have been at the time of apprehension.

(2) Whereat the time of being apprehended a child is a patient in a hospital, the person apprehending him may, upon advising the medical superintendent or senior medical officer of the hospital, leave the child in the hospital and, thereafter the hospital shall, for the purposes of the disposal of the case of the child under this Part be deemed to be a shelter and the child to be detained thereon.

It is noted that under Section 14, Subsection (e) of the same Act, a "neglected child" means "a child in need of protection and without restricting the generality of the foregoing includes any child who is within one or more of the following descriptions:"

(ii) a child who is abandoned or deserted by the person in whose charge he is or who is an orphan who is not being properly cared for;
(xiii) a child who is being cared for by and at the expense of someone other than his parents and in circumstances which indicate that his parents are not performing their parental duties toward him;
(xiv) a child who is not under proper guardianship or who has no parent
(A) capable of exercising, or
(B) willing to exercise, or
(C) capable of exercising and willing to exercise proper parental control over the child;

Emma Smith (14) was working in the hospital at the time as admissions clerk. She testified that two children were discharged

to the Boyer reserve and there were no telephones at the reserve so she tried to contact the Indian Affairs representative at High Level which was the only method of letting the parents know, and she received no answer from Indian Affairs after trying several times, so she then turned the matter over to Mr. Carrier who said he would find a home for the children, in consequence of which they were sent to Maggie Mitchell's house. The two children that were sent to Maggie Mitchell's house were Judy Anne Konda-Martel and the other was Quinton Fournier. Both were Indian children. Emma Smith testified that the normal procedure was that discharge slips would be prepared by the doctor and the nurse in charge would then turn these discharge slips over to Emma Smith as Admissions Clerk and it was then up to her to contact the parents or see that the patients being discharged got home. Her orders were to the effect that when children were discharged, she was to contact the parents. She stated that Carrier told her that he would find a place for the children because there was a shortage of beds at the time at the hospital and she further stated that Carrier told her that Maggie Mitchell would be picking up the children from the hospital and would take them home.

Emma Smith (14) (Metis)

Emma Smith worked in the hospital on and off for approximately twelve years having left the hospital in August of 1972. She was asked the question whether or not she knew of any incidents where Indians were treated differently than white people in the hospital and she said "not so much treated differently, but certainly talked about by Mr. Carrier". She then proceeded to give a number of examples.

She referred to a case of a non-treaty Indian who came into the hospital without a drug voucher and according to her evidence she heard him state "more of those welfare bums no wonder I pay so much income tax". She stated that she felt that this comment about welfare bums was not simply directed to people who were unemployed but was directed specifically to native people. Emma Smith did not, in her evidence, give any of the circumstances surrounding the making of this statement by Mr. Carrier. She did not state whether the remark was made in the presence of the person who had come into the hospital without the drug voucher. She did not state when it occurred or where in the hospital it occurred or who, if anyone was present. Notwithstanding that this witness felt that the comment was not simply directed to people who were unemployed but was directed specifically to native people, I cannot help but feel that the remark in its pith and substance reveals an innate distaste for persons availing themselves of benefits provided by legislation pertaining to social or welfare benefits. There is nothing in the evidence to suggest that Carrier <u>treated</u> those who came within this catagory differently from anyone else nor does the evidence suggest that Carrier drew any distinction between "white welfare bums" and "native welfare bums". The fact that this remark was apparently made in reference to a non-treaty Indian is really not conclusive by reason of the fact that this hospital, in fact, served a population which was predominantly native or non-white and it would not be unreasonable to assume that on a proportionate basis there were probably more native persons drawing welfare benefits than white persons. It seems to me that what Carrier was really saying when

he made the remark was that he was objecting to paying so much income tax, part of which would have to be used to fund welfare benefits or provide maintenance for unemployed persons. Having heard Carrier testify during the course of the proceedings and having regard to the fact (as will appear elsewhere in this report) that white people as well as native people complained of the way they were treated by Carrier, I cannot help but feel that Carrier would have expressed the same distaste for a "white" welfare bum and he apparently did for a "native" welfare bum. Certainly the remark, regardless of to whom it referred was in very bad taste and indicative of a certain insensitivity and lack of perception, expecially where it was made in the presence of a native person who also happened to be a member of his staff. The evidence does not establish that the Indian who was the object of this comment did not, in fact, ultimately receive the drugs to which he was entitled by virtue of the drug voucher. In other words, it does not appear from the evidence that Carrier treated this Indian less favourably than he treated or would treat other persons "in the provision of goods, facilities and services."

Emma Smith also referred to another incident where Carrier revealed to a total stranger who had just entered the hospital the fact that one of the patients who had just been brought into the hospital as a result of an accident had had a bowel movement on the x-ray table. The witness referred to the personnel policy where it was stated that staff do not give out confidential information relating to patients.

The evidence does not indicate whether the patient was identified by name or otherwise to the stranger, nor does the evidence indicate whether the patient was a native person. There can be little doubt that the revealing to a total stranger of an incident that took place within the privacy of the x-ray room -- especially where it was likely to be the cause of acute embarrassment to the patient -- was highly reprehensible and inconsonant with the kind of judgment one would expect to see exercised in the person of a hospital administrator. The act of the patient in this particular instance may well have been involuntary by reason of his having just been admitted to the hospital shortly after having been involved in an accident. However offensive Carrier's conduct may have been it does not suggest that he was singling out native persons as being people likely to have done the same thing, nor does the evidence disclose that the particular patient in this instance was at any time made aware of the conversation between Carrier and the stranger in the hallway of the hospital.

Emma Smith referred to another incident where an Indian girl had been working at the hospital and had left the hospital and the witness was having coffee and Carrier entered the cafeteria and asked if the girl had returned. It appears that the girl had simply walked off the job. According to the witness, Carrier stated that "he was not having much luck with these Indian girls" and he was alleged to have stated, "well to hell with them they can all go back to the reserve and make babies if that is what she wants". The witness stated that she heard Carrier make this statement in the presence of herself and four other people sitting at the table. There can be no doubt

that this kind of remark is most uncomplimentary and unfair to that segment of the native population to which it refers. One would have expected that a person in Carrier's position would have sufficient judgment to know that one does not make derogatory remarks of this nature especially in the presence and hearing of people whom he employs as members of his staff -- and especially where some of the members of the staff themselves would be of native extraction. It does not appear from the evidence that the Indian girl who was the object of this remark was made aware of Carrier's statement, nor does it appear from the evidence that there was, in fact, any discrimination in the sense that I have described above practiced by Carrier in the hiring of native girls to serve on the hospital staff. In fact, it appears from the evidence that there were three treaty Indians on the staff at the hospital and I believe that there are a number of Metis ward aids as well. It seems to me that one of the elements involved in maintaining a good relationship between the Administrator and his staff would be mutual respect and the uttering of this kind of remark especially when it amounts to what appears to be a negative type of generalization, can only derogate from a harmonious administrator-staff relationship.

Emma Smith made reference to another incident where Carrier refused to issue a transportation voucher for an Indian woman who wished to return to the Assumption Reserve after she had been discharged from the hospital, and wished to go home. Carrier was alleged to have stated that he wished to wait until there were several persons who wished to go to the same place. Carrier was reputed to have stated that "the Indians

were taking advantage of the government". No evidence was offered as to the circumstances surrounding this incident and I am not satisfied from the evidence that the witness knew all of the circumstances surrounding this decision. It might perhaps be difficult for a person in Emma Smith's position to understand all the considerations that would come into play in making this type of decision. There may well have been government policy of which she was not aware which might have governed Carrier's decision to wait until there were additional people who wished to go to the same location. Although the remark may have been justified by the circumstances in this particular case, it does appear to be another example of his giving vent to his feelings in the form of an ill-considered remark -- not of the type that is likely to engender good relations between the administrator and the staff.

Emma Smith referred to another occasion when a girl came into the hospital who was nursing a baby in the hospital who had been recently born and the mother had to bring another young child with her to the hospital while she nursed her baby in the hospital because she lacked a babysitter. Emma Smith states that Carrier then made a remark to the effect, "didn't she just have a baby". Emma replied, "yes, about six weeks ago, maybe eight weeks ago". Carrier then stated, "and a pregnancy test on her again" -- "how much is Mr. so and so charging for his daughters these days". Emma Smith says he was referring to the father of the girl who was a Metis person and who wasn't married but had recently had a baby. I feel that this remark is in the same catagory as the three other remarks referred to above alleged to have been made by Carrier and

I feel the same criticism should apply. Emma Smith was asked why she left the employ of the hospital and she said there were two reasons, one was transportation and the second reason was Carrier. She said she got along with him alright but "she just did not like the way he treated her people". By "her people" she indicated she meant the Metis and the Treaty Indians. When examined by Mr. Ross, she said there was no indication during the time that she was at the hospital that white people received any better treatment than native people. She said that they all received equal treatment whether they were white, Metis or Indian.

Stella Cardinal (15) (Treaty Indian)

This witness was employed at the hospital from July 1st, 1972 until November, 1972 as a ward aide and she is a Treaty Indian. Her complaint was to the effect that she had taken her young son to Dr. Brennan who had made out an admission slip for him. Her son was then taken to the hospital and admitted about 3:00 p.m. A nurse came and took her down to pediatrics section of the hospital and then Mr. Carrier came into the pediatric ward. She stated that she overheard Carrier asking someone for her phone number and someone also phoned Dr. Brennan. She is not sure who. She stated that they wanted her to take her child back home and they wanted to check with Dr. Brennan to see if the child was really sick. It appears later on that someone contacted Dr. Brennan and he told them the child definitely had to be admitted to the hospital and a crib was obtained for the baby. She apparently complained about this incident to Mr. Stanley Smith, a member of the Hospital Board. The nurse had

indicated to her that there was a shortage of cribs. She states that she heard Carrier ask for her phone number apparently thinking she had left the hospital and she assumes that Carrier wished her to take her baby home. Later on in her evidence she stated that she did not hear the conversation between Mr. Carrier and Dr. Brennan. She states that she heard Carrier say that the mother has got to take the baby home. The evidence regarding this complaint is somewhat ambiguous and incomplete and I cannot find on the evidence before me anything that would support an allegation of discrimination in this instance. The witness did not actually overhear the conversation between Mr. Carrier and Dr. Brennan and I cannot, therefore construe this conversation unfavourably against Carrier without further evidence of all the circumstances surrounding this complaint. There may very well have been a problem of space in the hospital and Carrier might well have been questioning the doctor as to other alternatives to admitting the baby as a patient. It does appear that the baby was, in fact, admitted after the conversation with Dr. Brennan.

This witness also stated that patients who were on bedrest would get the trays for their meals and the ones who were able to walk would usually go to the dining room. She states that if there was a white patient who didn't want to eat amongst the Indians they would get a tray in their room whereas the Metis would be told that they had to eat their dinner in the dining room. She stated that the food was the same for everybody whether they were Indian or white and the treatment was the same whether they were Indian or white. She also stated that sometimes the Mennonites were allowed to take their trays upstairs if

they didn't want to eat in the dining room amongst the Indians. She was asked if she had ever heard Carrier use any expression that was critical or bad about the native people and she said she never heard him say anything but she felt that "she was being discriminated against". She said "she felt like a mouse in his presence". Moreover she stated that "he would generally ignore the Indian people unless Indian people happened to be sitting with white people then she would recognize them". This witness did not give any specific instances of this type of occurrence nor did she mention the names of any persons who were alleged to have been the subject of this kind of differential treatment, nor was there any evidence before the Inquiry of any person having been treated in the manner described by the witness. The statement regarding the right of the patients to take their trays to their rooms seems to be made in a very general way without any particulars or details and it is at variance with the evidence of other native persons both patients and staff who stated that the standard of care or treatment in the hospital was the same for native persons as it was for white persons. The witness' evidence to some extent would have to be based on hearsay as well. In fairness to Carrier, the statement being to some extent based on hearsay and lacking as it does any details whatsoever of the particular incident, I do not think it should be used as a basis for supporting an allegation of discrimination. I am fortified in taking this view by the fact that no witness, in fact, came forward and said that he or she was treated as this witness has alleged. It would seem to me that if someone had been treated as alleged by this witness and if the person had felt that he or she was in fact being discriminated against, then he or she if they

had thought the incident of any significance would have come forward and given first-hand evidence substantiating this complaint. Although the witness "felt" that she was being discriminated against, there does not seem to be any objective criteria by means of which a proper inference could be drawn. I note this witness submitted a written complaint prior to the Inquiry relating to the admission of her child to the hospital, however, it appears that she did not sign the complaint and there was a notation on the bottom of the complaint marked "unsigned".

Pierre Auger (16) (Treaty Indian)

This witness lives about 50 miles from Fort Vermilion. His brother was a patient in the hospital in the fall of 1972. He wanted to visit his brother and says he travelled some 50 miles to visit him at the hospital and he paid someone to drive him to the hospital in a car. He stated at first that he was only allowed to spend five minutes visiting with his brother before he had to leave and hire a car and return to his home. Later on in his evidence he stated that he visited with his brother for about a half an hour. He says that Carrier pointed to the door and the witness understood him when he said to go out. He then left the hospital and got into his truck and went home. He was asked by Mr. Ross why, when he stayed overnight, he didn't come and visit his brother the next morning during visiting hours and he said he just walked out because Carrier chased him out. Further on in his evidence he stated that his brother was in the hospital about a month and he visited him twice following the original visit before his brother was discharged. In his evidence

regarding this complaint, Carrier said he wasn't aware of the incident relating to the first visit but he recalls the second occasion which was the following morning. He states that he saw the witness on the stairs. He doesn't know the man. He asked him what he wanted and evidently the witness didn't reply. He did not know the man didn't speak English and he states the witness stood there for quite a few minutes. Carrier then states that he asked him if he was ill or seeking treatment and he did not reply. Carrier emphasized that he did not know the man and didn't know that he didn't speak English. He said that he informed the witness that if he didn't have any business there that he should leave and he did. He realizes now it may have been a case where the person did not understand English. Carrier stated that there were many people in the hospital that spoke fluent Cree and if he had known the man did not speak English, he would have obtained an interpreter. There is a notice regarding visiting hours posted at the door of the hospital. Carrier states that he is aware that the treatment of sick or injured people is a confidential matter and must be done in private and that visiting hours were developed with the view in mind that visits had a therapeutic effect on both the patient and the visitor. He says that prior to there being fixed visiting hours, there were people coming to the maternity ward when the mothers were breast feeding their babies. Some people came in and ate the patients' meals and there were people who slept in the hospital without authority. The witness appeared to me to be a somewhat elderly gentleman, possibly in his late fifties or early sixties. Carrier in his evidence denied that he was impatient with the witness or that he lost his temper with him. I appreciate the fact that it would be Carrier's responsibility as an Administrator to ensure that

persons who were not authorized to do so, did not gain access to the hospital or loiter in the hospital premises, however, it does seem to me that when Carrier made inquiries of the witness as to what he required or why he was there and when the witness did not reply, Carrier should have assumed that he did not understand English and should have obtained the services of an interpreter. By doing this he would have at least been able to satisfy himself of the reason for the witness' presence in the hospital. Carrier's conduct in this circumstance seems to me to suggest that he was somewhat abrupt and possibly impatient as well. Carrier in his evidence emphasized that he did not know the witness, which I think is all the more reason why he should have, as a first step towards better understanding and communication, obtained the services of an interpreter. An interpreter could then have explained to Carrier the reason for the witness' presence in the hospital and Carrier, in turn, could have then been apprised of the fact that the witness had come some 50 miles at his own expense to visit his borther. Consideration could then have been given to extending the visiting hours to justify the particular circumstances in this case. Carrier's officiousness in asking the witness to leave the hospital without giving the witness an opportunity through an interpreter to explain his presence precluded any understanding between the two persons and undoubtedly prompted what ultimately resulted in a misunderstanding and a feeling by the witness that he had been mistreated. Although I think the complaint of the witness is justified, I do not think the evidence suggests that this particular witness was, in fact, in any way discriminated against by reason of his being a native person. There was evidence before this Inquiry by both white persons and native persons that Carrier had been

"impatient" or "rude" and that on occasion "he stepped on people's toes". There is nothing in this witness' evidence which would lead me to believe that he was singled out for different treatment solely on the basis of his being a native.

Henry Cardinal (18) (Metis)

This witness was 32 years old, having lived most of his life in Fort Vermilion. He had a problem of varicose veins on his legs and Dr. Althuis had made an appointment for him to go to the Charles Camsell Hospital in Edmonton. Dr. Althuis was supposed to receive an answer from the hospital in Edmonton in fifteen days as to whether or not Cardinal could be admitted. Cardinal, it appears, waited about a month. In the mean time Dr. Althuis had left the Fort Vermilion Hospital whereupon Cardinal contacted Dr. Wiebe who made similar arrangements and evidently Dr. Wiebe contacted a nurse in Jean D'Or Prairie to the effect that Cardinal was to leave in about 10 days to go to the hospital in Edmonton. There was some sort of a mix up on the communications and it appears that Dr. Wiebe contacted Cardinal through the nurse in Jean D'Or Prairie and asked how come he hadn't left to go to Edmonton and Cardinal stated that he was waiting for an answer. Apparently, according to Cardinal, what Dr. Wiebe had said was that if you are not notified within ten days you should go straight to the hospital in Edmonton and Cardinal misunderstood this. Later when Cardinal went to the St. Theresa Hospital to get some medicine he met Carrier at the door of the hospital. Carrier asked him how come he wasn't in Edmonton and told Cardinal that he was supposed to

have left ten days ago. Cardinal does not recall what his answer was, however, he states that Carrier then said there was no way he was going to get served at the hospital. He finally got to have the operation in Edmonton in December of 1972. There was a bit of an altercation with Carrier and he described Carrier as being "wild". Later on he said he had a "wild face on". When examined by Mr. Evans, he admitted that he could possibly have been booked into the Charles Camsell Hospital on six different occasions. When asked by Mr. Ross if he remembered him, that is Carrier telling him that he had looked all over town for him one evening after hearing from the Charles Camsell Hospital, Cardinal's reply was "I believe I heard something about it but I couldn't say." This witness appeared to be somewhat vague on a number of questions and answers and appeared to have a rather faulty memory and it does not appear to me that there is anything in this complaint which would in any way substantiate any form of allegation of discrimination or mistreatment. It appears to me that the hospital staff bent over backwards to make the necessary arrangements to get Cardinal to the hospital in Edmonton for the operation and at worst it amounts to a misunderstanding about the details of the arrangements. When Carrier testified relating to this complaint, he stated that the Charles Camsell admitting office phoned Carrier and requested that he contact Cardinal. They agreed that it was not Carrier's function but that there was no one else that they could speak to so Carrier states that he tried to locate Cardinal. He took his car and went to at least four different places looking for him. He left word in all instances that Cardinal should come to the hospital and in any event he was unable to locate him. It appears from the evidence that Cardinal

spends a lot of time travelling back and forth in the Fort Vermilion area and on the reserves adjacent to Fort Vermilion and he is a difficult man to contact. It would seem to me that if Cardinal was really serious about obtaining an operation then he should have made a special point of contacting the hospital at regular intervals to let them know how he could be contacted so that he could find out definitely what the arrangements were about his admission to the Charles Camsell Hospital in Edmonton.

Cardinal's second complaint relates to Harriet Wapoose who had just had a baby and the baby was in the hospital. Cardinal volunteered to go to the Jean D'Or Prairie Reserve from Fort Vermilion to bring the woman down to the hospital. He brought her to the hospital where they met Carrier. According to his evidence, Carrier asked how the baby was and Cardinal stated that Carrier told Harriet Wapoose that he had given the baby away or found a home for the baby. The mother thought the baby was in the hospitall all this time. Cardinal objected to this and there was an argument. He states that he told Carrier that the hospital couldn't do this without notifying the parents, so he and the mother wen t to the RCMP and the mother was quite upset and crying. Cardinal had an argument with the RCMP and the RCMP Constable said to wait a minute and he would phone Carrier which he did. Cardinal states that the RCMP told him the parents were drunk all the time and they didn't look after their children. Cardinal and Harriet Wapoose then went to see Mrs. Moberly the social worker and she said they couldn't let the baby go. Cardinal found out the baby was at Tall Cree Reserve so the next morning he and the mother went to Tall Cree Prairie and they picked up the baby who was with Nancy Hamlin, a Metis

woman at Tall Cree Prairie Reserve. This woman didn't want to give up the child but Cardinal says she didn't have any choice so Cardinal then took the mother and the baby home to Jean D'Or Reserve. Later Cardinal stated that he had heard that the mother and dad weren't looking after the child. Cardinal stated that he was sure that Carrier had made the arrangements for the baby to be placed with the social worker, Mrs. Moberly, but he really had no evidence to support this and it appears to be nothing more than conjecture on his part. Carrier's evidence relating to this complaint was that he first heard of this incident in a story that was in the Edmonton Journal on November 30th some fifteen months after the incident was alleged to have occurred. He inquired as to who the un-named child was by contacting Stanley Smith and ascertained that it was Brenda Wapoose, Harriet Wapoose's baby. He stated, in his evidence, that he had had absolutely nothing to do with it. The hospital record was produced and marked as Exhibit 21 and the medical record disclosed that it was signed by Dr. Brennan and indicates that the child was admitted very underweight, malnurished, obviously not well cared for. Her weight gain was only about a pound or so short of what it should be when she was discharged. The doctor states in his notes that in view of the progress she is making, the fact that she is responding extremely well, arrangements were made for her to be taken care of outside the hospital and brought back weekly for observation and follow-up and there is a notation that she was to be reviewed as an out-patient. The final entry in the medical records reads "brought home by Mrs. Moberly to be taken care of by Mrs. Nancy Hamlin". This entry was signed by the registered nurse. Mrs. Moberly is the social worker with the Department of Indian Affairs. I cannot on

the basis of the evidence before me make any finding of fault on Carrier's part in relation to this incident and Carrier denies any knowledge of this incident until some fifteen months after the incident was alleged to have occurred and I would accept this evidence. There is ample evidence both from Cardinal and from the medical records to indicate that the child was not being properly cared for and it would seem that there were circumstances justifying the assumption of responsibility for this child by the social worker, Mrs. Moberly and it appears that it was Mrs. Moberly who, in her capacity as social worker with the Department of Indian Affairs, placed the child in the custody of Nancy Hamlin while the child was treated as an out-patient at the hospital. Although the evidence is really not clear on the question of who contacted the social worker, it may very well be that the social worker was contacted by the doctor or some member of the hospital staff or even Carrier. The condition of the child on being admitted to the hospital would certainly warrant a referral of the matter by the hospital staff to the appropriate social worker. The appropriate social worker in this case, Mrs. Moberly, took what she thought was appropriate action. I am more than satisfied that what was done was done in the best interest of the child and I cannot, therefore, find any merit in this complaint.

Cardinal's third complaint relates to a baby who was about two years old and who was the child of the brother and sister-in-law of Jimmy Seeseequoa for whom Cardinal had done some translating. It appears that the parents went to Hilltop Mission where the baby was and the baby had been discharged to Hilltop Mission form the Fort Vermilion Hospital. There is no evidence whatsoever of any involvement of Carrier in this

situation, nor is there any evidence of any impropriety on the part of other members of the staff of Fort Vermilion Hospital.

John McLean (19) (Metis)

Mr. and Mrs. McLean reside in Fort Vermilion and have fourteen month old twins, Christal Lynne and Kenton. In February, 1972 they were taken by the parents to the Fort Vermilion Hospital as one had pneumonia and the other had diarrhea. They were in the hospital about a week when they were both discharged by Dr. Wiebe and it appears that Christal Lynne was still suffering from diarrhea after her discharge. Mrs. McLean later took the little girl,Christal Lynne back to the hospital to see Dr. Wiebe. According to the witness, Dr. Wiebe stated that he would not admit her to the hospital so the little girl was taken to the Manning Hospital where the child was admitted. This was approximately three days after her discharge from Fort Vermilion Hospital. The baby was in the hospital in Manning for about three weeks. Again in April of 1972 the children were again ill and were taken back to see Dr. Wiebe at the Fort Vermilion Hospital. McLean states that he heard that Carrier was going to take the children away from him. When the parents came into the hospital, they were informed that the health nurse, Barbara Mercredi wanted to see them. They talked to Mrs. Mercredi and they state that Mrs. Mercredi said that the children were going to be taken away from them. They then went to see Carrier as they figured that Carrier was the one who was taking the children. Their evidence is that Carrier said that it wasn't him that wanted to take the children away it was Mrs. Mercredi. On this second occasion the children were in the hospital about seven or eight days

before they were discharged. Part of Mr. McLean's complaint was to the effect that he and his wife had to wait about four hours before the children were readmitted to the hospital.

Mrs. Jean Murtagh, the Director of Nursing testified in relation to this complaint and she states that she brought the condition of these children to the attention of Mr. Carrier and at no time did he, that is Mr. Carrier or she suggest that these children be placed in a home other than their own. She also was the first one to point out to the doctor the condition of the children as well. She stated that they had not received adequate parental care and she figured that the parents needed guidance because the children were undernourished. They had a skin condition (urine burns) from the waist to the buttocks indicating insufficient attention to hygiene. Mrs. Murtagh states that she was quite distressed by the condition of the children and that is why she brought it to Dr. Wiebe's attention and Mr. Carrier's attention. She did not discuss foster care with Dr. Wiebe or Mr. Carrier. Mrs. Murtagh was asked if she had any knowledge as to why Mr. and Mrs. McLean would have to wait four hours at the hospital and she wasn't in a position to refute this evidence or to give any explanation for it although she did state that she doubted that that had happened.

Ida McLean (20) (Metis)

Mrs. McLean is the wife of John McLean and her evidence was substantially the same as that of her husband. She states that when she went back the second time to see Dr. Wiebe, Dr. Wiebe gave the child a needle and said if the child is not better in an hour to bring her back.

She states that she was told that there was no room for her to stay in the hospital for that period of one hour so she said she wouldn't bother and she left that night to go to Manning Hospital. She states that she was told the child couldn't be admitted then because there wasn't room in the hospital and this was the reason she became upset. Her evidence is to the effect that she and her husband were requested to see the Public Health Nurse, Barbara Mercredi, who according to the evidence of the parents, stated that they were going to be reported to the Government about the children. Mrs. McLean states that she asked Barbara Mercredi who was going to report them and her evidence is that the reply was Carrier. She asked the nurse about this and she states that the nurse said it was Carrier who was going to take the children away. They then went to Carrier and talked to him and he repeated that it wasn't him trying to take the children away, it was Barbara Mercredi. Mr. and Mrs. McLean then told Carrier that they had just come from Barbara Mercredi's office and she had told them that it was Carrier who was taking away the children. Mrs. McLean then states that Carrier said that it was Mrs. Olsen who is the social worker at High Level who is taking away the children. Mrs. McLean says she was scared that Carrier was going to take the children away and that's why she took them home.

Carrier's evidence in relation to this complaint is to the effect that it was reported to him by the Director of Nursing that the McLean children were suffering from lack of care. Carrier said that even though he was not medically trained, he was appalled with their condition. He had a conference with the Public Health Nurse and it was decided that the parents needed some guidance. Also he discussed the matter with Yvonne Olsen, the social worker with the Department of Indian Affairs at High Level. The social worker also agreed that the matter should be looked

into further. Carrier stated that the children were very often in the hospital and on the latter occasion he delayed the admission by about an hour after satisfying himself that it was not an emergency situation and then sought counsel. The children were, in fact, admitted to the hospital on the latter occasion and were then discharged in the normal course. Carrier states that there was no discussion about the children being taken to some other home, nor did he recommend it.

Barbara Mercredi was called as a witness as she had been the Municipal Nurse since February, 1972. She was asked if she had personally been involved in any way relating to the question of whether or not the twins of John and Ida McLean would be placed in foster care. She stated that she never heard anyone say directly that John and Ida McLean's children were going to be placed in a foster home. She said that she never recommended to anyone that these children be taken away and placed in a home and she stated that she never heard Carrier make any recommendation to that effect either. Barbara Mercredi stated that she did talk to Mr. and Mrs. McLean in her office and they discussed child care and formula and she told them if at any time they needed any help, that she was available to help them and all they had to do was phone her. She said that she visited them at their home some time in 1973 to see if they needed help of any kind. Mrs. Mercredi stated that as she knew, Mr. Carrier didn't have any authority to remove any children from anybody's home, nor did the Department of Public Health have any authority to remove a child from the parent's home. She said that this authority was exercised only by the Department of Social Welfare. Mrs. Mercredi related that she recalled having one discussion with Carrier about the children relating

to the condition of the children, however, there was never a discussion about placing them in a foster home or a home other than their own home. She also mentioned that Carrier had shown her a piece of paper indicating how many admissions to the hospital there had been by the McLean children and she gave this to Mr. and Mrs. McLean.

The first part of the complaint of Mr. and Mrs. McLean to the effect that their child was not readmitted to the hospital by Dr. Wiebe would appear to be a medical as opposed to an administrative problem and I do not, therefore, think that it is germane to the subject matter of this Inquiry. With respect to the complaint about taking the children away, this seems to be ill-founded and apparently based on rumour. I accept the evidence that there were discussions about the condition of the McLean children which involved the Director of Nursing, Mrs. Jean Murtagh, Dr. Wiebe, Mr. Carrier, the Public Health Nurse, Barbara Mercredi, and the social worker at High Level, Mrs. Olsen. There is nothing in the evidence to suggest that any member of the hospital staff had anything in mind other than the best interest of the children. There was no suggestion anywhere in the evidence that would support an allegation of discrimination. It is regrettable that the parents were, in fact, inconvenienced by having a rather long wait in the hospital with the children before they were attended to. McLean states that he waited four hours. Mr. Carrier states that he delayed the admission of the children about an hour so that he could obtain advice in this matter.

Metcha Martel (21) (Treaty Indian - Slavey)

Metcha Martel is 65 years old and has lived all her life in the Fort Vermilion area. Her husband, George, was a patient in the hospital

in the Fall of 1972. She used to visit him every day in the hospital around 10:00 a.m. While she was visiting her husband, she lived next door in the annex or the hostel which was an ajunct to the hospital. Her visits usually lasted about two hours and she also visited him in the afternoon and after supper as well. She indicated that she had had a problem with Carrier about five days before her husband died. She states that she was sent out of the room in which her husband was a patient several times by Carrier. She is aware of the posted visiting hours and she stated that she was never asked by Carrier to leave during visiting hours. She said "Carrier gets pretty angry with me". She knows by his face although she does not actually understand what he is saying because she does not understand English. Her husband was a terminal cancer patient and Mrs. Martel was aware that his death was imminent. She wanted to stay until he passed away but says she didn't because she was assaulted by Carrier. She says she fell when Carrier assaulted her and twisted her knee and has been crippled ever since. She says she cannot bend her leg very well. With respect to the assault she says that Carrier pushed her and he had some baggage and she fell over it and twisted her knee and has been crippled ever since. She had been living in the hostel next door for about a month and she had taken all her meals in the hospital. She received free room and board during the entire time. She admitted that she had been asked to leave the operating room and had also been asked to leave her husband's room while he was being given treatment.

Several minutes before this witness testified while the inquiry was in progress, she advanced down the aisle which led down the centre of the building in which the inquiry was being held and she disturbed the

proceedings by yelling and shouting and she approached the table where Carrier was seated at the front of the hall with menacing gestures and evidencing considerable hostility towards Carrier. She continued to interrupt the proceedings and had to be escorted to the back of the court room. (I was advised afterwards by one of the Cree interpreters that she had, in fact, uttered a Slavey curse on Carrier.)

As Mrs. Jean Murtagh, the Director of Nursing appeard to have evidence bearing on this complaint, she was recalled as a witness. She related the fact that Metcha Martel's husband was in the terminal stages of cancer and was dying. She says Metcha Martel was afforded every opportunity to visit her husband and Mrs. Murtagh feels that she abused this privilege. She describes Metcha Martel as a veritable termagant (a termagant is a bullying boisterous woman). Mrs. Murtagh says she shouted morning, noon and night and was in areas of the hospital in which she had no business being. She gesticulated and shouted at the nurses when asked to leave while they were giving care to her husband. Although she didn't speak English it was obvious that she was complaining all the time. Mrs. Murtagh says that she tried to overlook a great many of these things as the woman was upset because she knew she was losing her husband but she said it was very difficult. Mrs. Murtagh says she felt that Metcha Martel made things very difficult in the hospital. Mrs. Murtagh also recalled that Mrs. Martel had a limp from the time she first came to the hospital. Mrs. Murtagh also stated that she had trouble trying to get her to leave the room in order that Mrs. Murtagh could attend to her husband. With respect to visiting hours, Mrs. Murtagh indicated that they are generally very flexible. She says they have to be flexible and the nurses are given

instructions to that effect. She says that if someone comes in to visit the patient, they see the nurse in charge of the shift and if treatment is not being given in the room in which the patient is situated, they are allowed to visit for an unrestricted period of time provided that they do not abuse the privilege or are not intoxicated, they they should be given permission to visit the patients providing that treatment is not being given to the patient or is not being carried out in the same room at the same time. She stated that in each case it would depend on the circumstances how long the visit would be. If it was a case of a patient who had just had a heart attack, it might only be a short visit of five minutes. If treatment was to be given in the same room, then the visiting privileges would have to be terminated. She indicated also that the hospital had to be cleaned and nursing duties would have to be performed and these factors would also have a bearing on the length of the visit. She indicated that the period of time during which Mrs. Martel was visiting her husband was about three to four weeks. Mrs. Murtagh also mentioned that there were instances where relatives were permitted to stay with a dying patient all night and she had no objection to this. She said that this didn't happen very often because usually when a patient was gravely ill they were usually flown to Edmonton where better facilities were available.

Miss Lucy Salopree was called as a witness as she indicated that she had evidence bearing on this complaint. She is from Meander River and is related to Metcha Martel through her father. Her evidence was that she had known Metcha Martel practically all her life and she stated that Metcha Martel had been crippled practically all her life.

Carrier's evidence relating to this complaint is as follows: He states that Metcha Martel was fed in the patients' cafeteria in the hospital and was accommodated in the health centre or annex which is a building adjacent to the hospital. He says that he was informed by the staff that the husband had terminal cancer and he ensured that there was accommodation and food for Mrs. Martel as long as she wished. He said that the only time he had any communication with her was when at the request of the nursing staff he was asked for assistance in speaking to her because most of the nursing staff were afraid of her and she refused to leave the room where her husband was being treated. He communicated to her through an interpreter because he does not speak Slavey. He states that she became quite violent and he had to use an interpreter on subsequent occasions to ask her to leave the operating room, the surgical suite, the maternity suite and he thinks the delivery room as well. He always spoke to her in the presence of an interpreter and he states that at no time did he touch Mrs. Martel. He went on to state that Mrs. Martel suddenly decided to go back to the Reserve in Assumption and he had no idea why. He stated that one of the interpreters told him that she had left because she couldn't do what she wanted or words to that effect. Carrier stated in his evidence that at no time did he try to prevent Mrs. Martel from communicating with her husband. He says that in fact, he encouraged it. He also went on to state that she was afforded every opportunity to be as near as possible to her husband and was given free food and lodging and the most flexible visiting hours possible, consistent with the orderly operation of the hospital. He said that he regretted that they couldn't afford better accommodation for her because he knew she had

a limp and had to go upstairs in the annex to sleep but he had nothing better. When Mr. Martel died, Carrier immediately contacted Indian Affairs because there was no next-of-kin in Fort Vermilion and he spoke to a Mr. Kris Syal who is the Indian Affairs welfare worker. Mr. Syal said that he had consulted with the Band Council and the instructions were that Carrier was to fly the body of Mr. Martel from Fort Vermilion to Assumption and this was arranged for by Carrier.

This complainant demonstrated such obvious hostility and malevolence towards Carrier that the veracity of her evidence must be suspect. I accept the evidence of Lucy Salopree that Metcha Martel had a limp long before she came to visit her husband in the hospital. I also accept Carrier's evidence that he did not lay a hand on her. I also accept Mrs. Murtagh's evidence about the way Metcha Martel conducted herself during the course of her visits to see her husband in the hospital. Consequently, although I sympathize with Mrs. Martel by reason of her bereavement, I cannot give any credence to her complaint.

Marina Wasp-Colin (22) (Treaty Indian)

This witness' evidence was very short. She stated that she had wanted to stay in the Hilltop Mission and that she was chased out of there. There is no suggestion whatever that this in any way related to anything that Mr. Carrier had done or any other member of the staff of the Fort Vermilion Hospital. It is, therefore, irrelevant to the subject matter of this inquiry. The witness then made the statement that "Mr. Carrier hated the natives". When asked what it was that made her believe this, she said that "all the natives that I met had complaints". She

admitted that she had no personal knowledge of any complaints and she did not have any memory of any incident when Carrier said or did anything to her personally. In giving her evidence, the witness made no reference to any specific persons who had complaints or any specific incidents, nor did she say anything other than the bald statement, "Carrier hated the natives". This kind of a statement would seem to be based more on feeling than fact, and in fairness to Carrier especially where he is put in the position that it was practically impossible to rebut this kind of a statement when there is no evidence as to who the witness is referring to and all the more so where it is based entirely on hearsay -- this evidence, if it can be called that should be rejected.

John Flooren (23) (white person)

Flooren has been a resident of the Fort Vermilion area since 1967 and was hired on a part-time basis by Carrier as a labourer at the hospital for three to four weeks in the Fall of 1972. He was working in the garden at the hospital trimming the shrubs and carrying out a general clean up and doing some renovating, and at the time there was a small building with a statue of Christ contained in the building. The witness stated that on a number of occasions Carrier went up to him and in the presence of Frank Rosenberger who was another employee of the hospital asked these two persons when they were going to "take Jesus Christ to the dump". Apparently the little building and the statue were to be disposed of and taken to the dump. Carrier's evidence in relation to this complaint is that the hospital took over the old convent around September 1971 and the grounds had been left unattended for a number

of years. The staff cleaned up the grounds, pulled out a number of bushes and there remained this life-size statue of Christ in a small building and as it appeared to be a Roman Catholic religious object, Carrier contacted Father Plouffe and asked him where he would like to move it. The statue had been there for a number of years and had been revered by many people and he thought it should be taken back to religious grounds of some kind and the statue had not been attended to. Father Plouffe told Carrier to destroy it and dispose of it so Carrier instructed his maintenance people to remove the statue to the dump and this, in fact, was done. Carrier stated that he was an agnostic and not a church attender and he admitted that his remark about "taking Jesus Christ to the dump" may have been a light comment. I do not think I can find anything more in Carrier's remark except perhaps a certain lack of sensitivity for the feelings of other persons whom Carrier should have assumed might possibly have been upset by his apparent disrespect for an object of veneration.

The witness referred to another incident where there was some sort of commotion at the hospital and he apparently listened and it appears that there was an old Indian standing by who wanted a translator so they obtained a translator and Carrier was present and a friend of the Indian asked Carrier for a ride by plane back to the Reserve at Assumption and Carrier in Flooren's words "very rudely" told him to go "straight to hell". The witness gave no evidence relating to the circumstances under which this statement was made nor could I gain any indication of the context in which the statement was allegedly made. Although the language used would appear to be somewhat strong, there may well have been circumstances which provoked this type of comment and not knowing any

of the details surrounding the making of the statement I do not feel I can give any credence to it.

This witness made reference to the fact that while he was working in the hospital he came across a garbage can in one of the children's wards in the hospital from which there eminated a very bad smell. It seems that the garbage can was full of dirty diapers in a plastic bag that hadn't been removed.

A third incident referred to by the witness was when the witness was returning to the hospital after having delivered a child to its home after being discharged from the hospital when he was flagged down by Mr. Joe Meneen. Flooren stopped the truck and Joe Meneen asked Flooren if he would pick up a mother and child who were sick and take them to the hospital. Flooren then drove the mother and the baby into town and took them to the hospital and when Carrier was apprised of this situation, Flooren states that Carrier told him that when he sends him out to the reserve to take people out there, he is to take them out there and leave them there and Flooren says that Carrier objected to Flooren bringing in the mother and child to the hospital.

Another incident referred to by the witness was where a baby had been discharged from the hospital and Carrier hired Flooren to deliver the child to its parents. There was some question as to where the parents of the child were at the particular time. Flooren states that he was told by Carrier to make the trip to Wabasca Reserve and he was to try to find the parents when he got to the reserve. In any event, while they were trying to find out where the parents were, the father of the child came to the hospital and the child was turned over to the father. Flooren simply

used this illustration in an obvious attempt to make the point that Carrier really didn't care what he did with the child and he tried to suggest that Carrier's attitude was tantamount to saying that if he didn't find the parents he could dispose of the child. Obviously this is nothing but conjecture on Flooren's part. In any event Flooren wasn't required to make the delivery and Carrier paid him for his trouble even though he didn't, in fact, have to deliver the child to its home.

I watched this witness very closely while he was testifying and I was not favourably impressed. He had three or four sheets of paper in his hand while he was testifying and the impression I gained from listening to him was that he had gone to great lengths to search his memory so that he could be absolutely certain that when he testified before the inquiry he would not omit to relate any incident, however, trifling which would in any way help to blacken Carrier's character. It did not appear to me that under any circumstances would this witness permit himself to be driven to the position where he would have to admit that Carrier might possibly have some good qualities or features which would redeem him in the eyes of his fellow man. This witness bore such patent hostility towards Carrier and such an obvious lack of fairness or objectivity that I would be loath to place any reliance on his testimony. It is noted that most of his complaints are of a trifling nature and it is also noted that the persons who were allegedly the objects of these complaints and who would have been expected to come forward and testify did not do so. Reference will be made elsewhere in this Report to a meeting that was held in October of 1972 which was attended by members of the Hospital Board and representatives of the local Metis Association.

The evidence indicates that John Flooren was one of the people who attended this meeting ostensibly as a representative of the local Metis Association who were demanding through the medium of a petition, Carrier's removal as Administrator and the appointment of an official Government Trustee.

Steven Pritchard (30) (white person)

This witness is 15 years old and the son of Maureen Pritchard whose evidence will be referred to subsequently in this report. The witness referred to an incident just before Christmas in December of 1971 at which time his father had a swollen arm for which he had obtained a prescription from Dr. Althuis. The boy went to the hospital to get the prescription filled and he went via the front door of the hospital and then upstairs to find out what time the pharmacy opened, this being about 11:30 a.m. He was told it opened at 1:00 p.m. and as he was walking down the stairs to go to the hospital front door he states that he met Carrier. His evidence is that Carrier asked him who he was and what he wanted. Pritchard says he told him that his name was Steven Pritchard and that he had come to get some drugs. The witness then states that Carrier slapped his face and told him to get out of the hospital. He also states that Carrier accused him of using the staff bathroom. He states that he wasn't in the hospital for more than five minutes and denies that he was horsing around or doing anything in the hospital. He was aware of the fact that the staff bathroom was on the bottom floor. I asked him if he was saucy with Mr. Carrier and he said "not that I can remember", yet in the next question he admits that he remembers the incident pretty well. He denies that he was rude to Carrier and then

goes on to say "I don't think I was extra polite". Pritchard says that after Carrier slapped him, Carrier told him to get out of the hospital so he left right away by the front door.

Carrier dealt with this complaint when he appeared to testify and he stated that he recalled the incident and explained that in the basement floor of the hospital there are two bathrooms. One is a very small room with a toilet and a sink which was cut out of a much larger room which has been made into a large bathroom with a toilet, a sink and a bathtub. The division or the partition between the two rooms does not reach the ceiling. He states that on two occasions that were reported to the RCMP, he caught boys of about 15 or 16 years old coming into the hospital unobserved. These boys would stand on the toilet in the staff bathroom and observe female patients taking a bath in the larger bathroom. Carrier states that when he first saw Steven Pritchard, he was coming out of the staff bathroom. Carrier testified that he was close to the door and asked him to stop so he could speak to him. Pritchard did not stop and he asked him again and as he went by, Carrier states that he put his arm in front of him and asked him to stop which he then did. He asked him his name because he didn't know him and he was advised that the boy's name was Steven Pritchard and he then informed Pritchard that these were not public toilets and to stay out of there whereupon the boy left. He denies emphatically that he slapped the boy.

After I listened to this witness testify, I was left with the impression that he had been well coached in the story that he was to relate and I frankly do not believe his evidence when he says that Carrier struck him or slapped him. I note that there was no evidence before the

Inquiry either by this witness, or his mother to the effect that a complaint was lodged with the police alleging an assault nor is there any evidence to indicate that a civil action for assault was ever initiated based on this complaint. Although it is evident that on occasion, Carrier demonstrated impatience with people, I do not believe that he is the type of person who would slap or assault a 15 year old boy either with or without provocation.

Lorna Ferguson (37) (white person)

This witness has been a resident of Fort Vermilion for about fourteen years and she has worked at the hospital doing a number of different jobs since October of 1971. She even assisted the maintenance staff do some of the plumbing in the hospital, however, it appears that she was primarily employed as Carrier's secretary for a period of time as she was able to type. She indicated that when she first met Carrier, she thought he was one of the rudest people she had ever met and she went on to say that for a long time she didn't like Carrier but she did respect him. She says that he made her "feel small" most of the time. The witness also worked for a while in the wards as part of the nursing staff. She stated that she felt that later on Carrier changed and became more understanding and sympathetic with the Indian people as he got to know them better. She feels that he runs the hospital like a military institution and that this upset the patients' visitors and native people working in the hospital. She thought that it upset most of the staff and most of the patients and in particular a number of the Mennonites. She was then asked if her comment applied to everyone pretty well and

she replied in the affirmative. I think the following questions asked by Mr. Evans and answers are significant:-

"Q. Would you describe Mr. Carrier as a disciplinarian?
A. I wasn't there when he was raising his kids so I have no idea if he was a disciplinarian but I think that what he was is a man who figured a man could be run like a ship.
Q. You mean he was running it like a military institution?
A. Except that the Board was the Admiral. I don't think there was much difference in his mind.
Q. I gather then that this manner of his, when it appeared, upset a lot of people?
A. Well, it upset me very much.
Q. Did you see whether it upset the native people?
A. Are you meaning that, native people in general or the ones working in the hospital?
Q. Patients, visitors and other native people working there, in and around the hospital, that's what I mean.
A. I think it upset most of the staff and most of the patients and I know for a fact that in particular it upset a lot of Mennonite patients.
Q. Your comment applies to everybody pretty well?
A. Yes."

Lorna Ferguson, it appears, has lived very closely with the native people and has two adopted children with Indian blood and the manner in which she gave her evidence evinced much empathy towards the problems of the native people and their hopes and aspirations. She was in a particularly good position to observe the relationship between Carrier and the patients in the hospital and the various members of the staff and I think that the answers that she gave to the questions which I have reproduced in full above are rather significant. It seems to me that the essence of her evidence is that if Carrier was rude or impatient or brusque with people, he was this way with everyone, white or native, patient or staff. Her evidence would seem to rebut any suggestion that in dealing with people, that he came into contact with in the hospital be they staff or patient, he differentiated between white persons or native

persons in the manner in which he dealt with them. She felt also that some of the native people in the hospital were afraid of Carrier. It was her belief as well that the Indian people that she knew, found it hard to deal with anyone "who wouldn't take the time to listen to them". I felt instinctively, when listening to this witness, that she was striving to give her evidence as objectively as possible and with complete fairness.

Iola Ducharme (41) (Metis)

This witness was employed in the hospital since September 15th, 1960 as a ward aide. She said she had worked under several administrators and she had gotten along well with the first three administrators but says ever since Carrier had been there there had been a lot of tension on the staff. She said people on the nursing staff would tell her things about Carrier that she didn't like. She also stated that "he treated his staff as if they were dirt under his feet". Her main complaint seems to stem from the fact that Carrier seemed to always be working long hours at the hospital and was quite often working after 6:00 o'clock at night. She seemed to feel that he should go home at 6:00 o'clock at night rather than stay around in the hospital after supper and "bother the nursing staff". She was asked the question whether there was any particular group he treated well or any particular group he treated badly or whether it just seemed to be that he liked certain people and disliked some others and her reply to this was in the affirmative. It is not clear from her evidence just what she meant by the phrase "bothering the nursing staff". This may perhaps be connotive of a certain officiousness on Carrier's part, however,

it does not appear from the evidence that there were any members of the nursing staff, most of whom were white except for two Philipinos who testified of a similar type complaint. She referred to an incident where a baby who was a native child was discharged from the hospital and Carrier was asked what to do with the baby. She states that Carrier said "well throw it out in the snow bank, just as long as it is out of the hospital". She maintained that those were his exact words. Another incident that she adverted to was the statement that she overheard Carrier making, after he had returned from a meeting with the chiefs of the Four Band Councils; the statement that he allegedly made was that he was "wondering when an arrow would be pointed in his back or a knife pointed towards him". She did not feel that these were the type of remarks that should be made by a man with his education. She also related that it was quite common for Carrier to make remarks about Indians when he is down in the cafeteria and everyone is down there having coffee together. She stated that Carrier referred to the Indians as "savages". She says that native people disagree as to whether or not Carrier should be fired. She said that her own brother disagreed with her and because of this her brother hadn't spoken to her for a month. She also says that Helen Mitchell hasn't spoken to her because they disagree on this as well. Although this witness'evidence suggests that Carrier may have played favourites at the hospital in the sense that he voiced his dislike for some persons and expressed a liking for others, the evidence would seem to indicate that his likes and dislikes were based on considerations which were other than racial. His remarks as to the disposition of the baby, the reference to "an arrow being pointed in his back" and his alluding to native persons

as "savages" are certainly unsavory and highly objectionable. Iola Ducharme and Stella Cardinal are sisters.

Justine Friesen (13) (white person)

This witness is a registered nurse on the staff of the hospital who lives about 13 miles outside of Fort Vermilion. She subsequently left the hospital giving two reasons, one that she was going to have a baby and the other being that she says there was a lot of friction amongst the staff, and she said "you can call it personality clashes or whatever, but I felt Mr. Carrier was definitely a problem". She expressed the view that the personnel policies were inadequate in that they provided that if you wanted to approach the Board with a complaint you had to go through the proper channels which meant that, first of all you had to discuss it with the Secretary of the Board who was Mr. Carrier and she felt that she couldn't get past Mr. Carrier to gain access to the Board to have her complaint properly aired. Apparently there was some problem about her obtaining an increment in pay. I asked her if she knew of any specific incidents where complaints had to be made that were made to Carrier and didn't get beyond his office, in other words, weren't taken by Carrier to the Board and she said that she couldn't think of any specific incidents where this occurred. She was asked if there were occasions when native persons were treated differently from white persons and she related one incident where an Indian lady wanted to phone home and she had no way of phoning home and Mrs. Friesen tried to assist her and they attempted to obtain the telephone number of the mobile phone in Assumption Reserve and they weren't able to do so. The woman wanted to notify her husband

to come and see their child who was at the hospital and who apparently was very ill. Mrs. Friesen went down and asked Carrier for the phone number and he said that the phone number could be obtained by him but he asked if the child was on the critical list and when Mrs. Friesen said well the doctor hasn't put him on the critical list as such, but the child is very ill, Carrier apparently stated that unless the doctors put the child on the critical list he wasn't going to phone or give her the number so that the mother could phone the father. The lady did finally get in touch with her husband through the medium of the RCMP. Mrs. Friesen felt that it was important that the mother be permitted to call the father as she felt that if the woman wanted to have her husband there she should have the privilege of doing so because the child was apparently seriously ill. I asked her about the fact of the child not being on the critical list and she said that during the time that she was there as a nurse she had never heard or seen anything called a critical list. She gave the opinion that if there had been such a thing, this child's name would have been on the list. Mrs. Friesen believes that the woman was a Treaty Indian from Assumption. This witness went on to say that the native people and the white people got the same treatment, the same food and the same medical care at the hospital. This witness also indicated that there are more natives treated at the hospital than white persons and she said that there was a tremendous turn over of staff after Carrier arrived especially in 1971. She said there were a number of nurses that quit and also certified nursing aides. The evidence on this complaint left me in some doubt as to Carrier's justification in refusing to assist this lady to contact her husband, expecially where she felt that her child was quite ill.

Mrs. Maureen Pritchard (29) (white person)

Mrs. Pritchard has lived in the Fort Vermilion Area for about 18 years. Her main complaint was related to the apparent delay in granting hospital privileges to Dr. Althuis after he had returned to the hospital, having left the hospital staff for a period of time prior to that. She had some discussion regarding this matter with several members of the Board. The evidence satisfies me that there was no undue delay in granting Dr. Althuis hospital privileges and, of course, it is recognized that the granting or withholding of hospital privileges is a matter that is strictly up the the hospital Board. This complaint in no way involves Mr. Carrier.

This witness also made a complaint to the Board some time during the month of October in 1972 to the effect that there was a conflict of interest in the fact that Carrier had opened up his own drug store in Fort Vermilion where drugs were previously being dispensed through the hospital. The matter of a conflict of interest on Carrier's part did not appear to have been raised in the form of a formal complaint prior to the Inquiry and this witness was the only person who appeared to express any concern. The evidence falls far short of establishing that, in fact, there was a conflict of interest and the matter was not vigorously advanced during the Inquiry itself. Mrs. Pritchard was referred to the letter dated May 15th, 1972 addressed to a Mr. Willows and a Mr. Ward, the two representatives of Improvement District No. 23. A copy of this letter was sent to the Honourable Dave Russell, Minister of Municipal Affairs, another copy to the Honourable Al Adair, Minister

Without Portfolio in charge of Northern Development - Alberta Indian & Metis Liaison and the Honourable Neil Crawford, Minister of Health and Social Development. Attached to this letter were copies of the Petition which was marked as an exhibit to these proceedings. This letter was not, in fact, entered as an exhibit to these proceedings and the witness made no attempt to substantiate the eighteen items referred to in the letter. Much of what is contained in the letter is irrelevant to the subject matter of this Inquiry. For purposes of reference, I have attached a copy of this letter to this Report, designated as Appendix "E". This letter makes reference to a few complaints, most of which would have been dealt with or referred to by other persons during the course of the Inquiry. The bulk of the letter contains little more than unsubstantiated innuendoes and baseless or unsupported criticisms.

This witness indicated that at one time she was in Edmonton and while she was in one of the offices of the Alberta Hospital Services Commission, she apparently saw part of the contents of a confidential government file and in her evidence she indicated that the contents of the file would show Carrier in a better light, but would not be very complementary to the Board or certain members of the Board. Consequently, I ordered production of this file and Dr. Bradley made arrangements to have the file forwarded to me in Fort Vermilion. Mr. Bercov, Counsel to the Committee of Inquiry reviewed the file upon its arrival in Fort Vermilion and ascertained that there was nothing in the file that related to the issues before the inquiry, nor did anything in the file appear to substantiate Mrs. Pritchard's innuendo. There did not appear to be

anything in the file that was either helpful or harmful to the Board or Mr. Carrier. Mr. Bercov also discussed the contents of this file with Mrs. Pritchard and the other Counsel present were asked if they had had an opportunity of examining it and if they were satisfied that there was nothing in the file that was relevant to the proceedings. All counsel agreed and Mrs. Pritchard agreed that the contents of the file was irrelevant and that it was not, therefore, necessary to introduce it in the evidence and the file was, therefore, returned to Dr. Bradley and Mr. Bercov made a statement on the record regarding the disposition of the file and the agreement of counsel which is recited in Volume III page 716 of the transcript.

Mrs. Pritchard was asked if she disliked Carrier and her reply was "I dislike his attitudes, some of his attitudes. I do think he could have a more gentle personality."

This witness was also involved in connection with the circulation of the Petition and a meeting which was held in October of 1972 which was attended by representatives of the local Metis Association and the members of the Hospital Board and reference to the two latter matters will be made further on in this report. Needless to say there was nothing in Mrs. Pritchard's evidence to support an allegation of discrimination on Carrier's part.

E. THE PETITION

Warren Paul (24) (Metis)

Mr. Paul is President of the local Metis Association in Fort Vermilion, which position he has occupied for approximately ten months.

He indicated that the local Metis Association has a paid-up membership of about 80 or 90 people in the Fort Vermilion area. In the Spring of 1972 a Petition was circulated in the Fort Vermilion area which requested that the Government appoint an official Trustee for the period of one year presumably as a replacement for the existing Board and Administrator. Mr. Paul was instrumental in having the Petition circulated and he states that he collected most of the signatures, approximately 250 to 300 signatures. Mr. Paul also endeavoured to obtain some written statements from some of the people who had previously submitted verbal complaints as the Hospital Board had requested that all complaints be reduced to writing. Mr. Paul then turned over the written complaints to Mr. Roger Cardinal, the Executive Director of the Metis Association of Alberta.

Mrs. Maureen Pritchard (29) (white person)

Mrs. Maureen Pritchard also worked pretty closely with the leaders of the Metis Association in the Fort Vermilion area in connection with the circulation of the Petition.

Frank Flett (28) (Metis)

This witness is 72 years old and resides in Fort Vermilion. He testified that he was having supper at his daughter's house one evening and Warren Paul came in and threw a piece of paper on the table in front of him. He states that it was like an ordinary scribler-type paper and he asked him to sign it and Frank Flett said he didn't like to sign something in blank. There was nothing on the paper, that is there was no heading on the paper. He said that Warren Paul told him

to sign it. There were apparently about three signatures on the sheet of paper already. Frank Flett then asked Warren Paul what he was going to do with it and Warren Paul said that he wanted to get around 150 names. He said he was going to try to build an old mens' home. Frank Flett said, "well, Warren that is the smartest thing you could make your mind up to do, and I thought this was a good idea so I took it and signed it and handed it back to Warren Paul". Mr. Flett said that he can read English and there was no writing on the paper whatsoever besides the three or four signatures. He identified his signature on the Petition and his wife's name was underneath it and apparently he wrote his wife's name on the Petition as well at her request. He said that there was no discussion at the time that he signed about trying to change the membership of the Board or firing the Board and appointing a Government Trustee.

Doris Martens (32) (white person)

This witness has lived in Fort Vermilion for 41 years and her evidence was to the effect that Mrs. Warren Paul came to her house and she said that she had something for Mrs. Martens to sign. She said it was related to separate schools and she had come before for the same reason and Mrs. Martens said she believed her. Mrs. Martens said that according to Mrs. Paul, her children would not have to be sent so far away to school for higher grades so she signed this Petition. A month later she found out what she had actually signed. This took place around April of 1972. Mrs. Martens states that there was nothing written at the top of the paper at the time she signed and that it was blank except for the signatures at the bottom. She repeated in her evidence that she was told by Mrs. Paul that it was a Petition so that they could have higher

grades in the local separate schools so that the children would not have to be sent away for the higher grades, namely grades 10 and 11. Mrs. Martens went on to say that at the time that she was asked by Mrs. Paul to sign this Petition there was no discussion at all about the hospital. She stated further that at the time she signed the Petition she did not, in fact, know that a Petition was being circulated which related to the Hospital. She identified her signature on the Petition and stated that the words which were printed or typed in at the top of the Petition were not on the Petition at the time that she signed it.

Donna Wanotch (33) (Metis)

This witness has lived in Fort Vermilion all her life and is 39 years old. She states that Mrs. Pritchard came to her house one evening around 7:30 and asked her to sign her name on a piece of paper. She asked Mrs. Pritchard what it was about and she states that Mrs. Pritchard told her that it was for an old folks home and three days later Mrs. Pritchard phoned her up and said "do you remember signing that Petition". Mrs. Wanotch said "yes". Mrs. Pritchard said, "well it was to get Mr. Carrier fired". She said, "I did not sign a Petition to get Mr. Carrier fired". She thinks this took place about the middle of June 1972. She stated that there was nothing written at the top of the paper when she signed it. Later on when she was cross-examined, she said that the paper was turned over and she didn't know if there was any writing at the top of the Petition or not. She also stated that at the time Mrs. Pritchard came to her house to get her to sign the Petition, there was also some discussion about the Hospital Board. However, she said

notwithstanding this, she thought she was signing this for the purpose of having an old folks home. She identified her signature and her handwriting on the Petition, Exhibit "12". Mrs. Wanotch indicated that her husband, Adam Wanotch was present at the time that she had this conversation with Mrs. Pritchard and her husband asked her to sign his name on the same paper.

Stanley Smith (30) (Metis)

This witness has lived in Fort Vermilion all his life except for four years and he is 55 years old. He owns a bulk oil station and has been a member of the Hospital Board since 1969. He was aware that there was a Petition being circulated in the Spring of 1972, however, he hadn't seen it and no one had told him what it was about. He did suppose, however, that it had something to do with the Hospital Board and the administration and he thinks the subject of the Petition may have been discussed at a Board meeting in the early summer of 1972 during the course of one of their monthly meetings. It doesn't appear that any of the Board members had actually seen a copy of the Petition. This witness is quite familiar with the native culture being a Metis person himself. Also he speaks Cree fluently. He was raised five miles out of the town of Fort Vermilion on a farm and he has been among white and native persons all his life. He was also on the Advisory Board when the hospital was operated by the Sisters of Providence and he has been on the Hospital Board since its inception. This witness seems to have adopted a posture of non-involvement in the Spring of 1972 when the Petition was being circulated and there was general discussion in the Fort Vermilion area about

dissatisfaction with the administration of the hospital. It is difficult to determine whether this stems from indifference to the situation or perhaps a feeling that as a member of the Hospital Board, he should not get too involved in the local situation until the matter was officially placed before the Board for its consideration. The following questions and answers appear to be significant:-

"Q. I may be wrong sir, and I don't want to put words in your mouth and you tell me if I am, but it would seem to me almost incredible that a native person as yourself living in this small community where a petition is being circulated, wouldn't know that the people that are doing it were mad about the treatment of native people here.
A. Well, yes, I can see your point but the petition was never brought to me. The problems were never brought to my attention.
Q. but you do suspect that that was what it involved?
A. Yes, something of that nature yes.
Q. You didn't do anything because the problems were not brought to your attention personally, is that right?
A. That's right, yes.
Q. You didn't want to get involved?
A. Not that I didn't want to get involved but I didn't want to get involved on hearsay.
Q. You didn't even look into it? You made no inquiries?
A. No."

Mr. Smith occupied a somewhat unique position in that he was a Metis and had lived most of his life in the Fort Vermilion area and would presumably have had some understanding of the attitude of the Metis people towards the hospital administration. At the same time he was also a member of the Hospital Board and would have been reasonably knowledgeable with respect to the administration of the hospital. There is evidence from some of the witnesses to the effect that when they had a problem or a complaint they would contact Stanley Smith. I cannot help wondering whether if Mr. Smith had played a more active role at the time of the inception of the unrest in Fort Vermilion, he might not have been able to divine

the root of the unrest so that it could have been identified and dealt with at its incipient stage and before the situation deteriorated. At the same time I also appreciate the fact that Mr. Smith was in a particularly difficult situation as he had one foot in both camps so to speak.

Doubt must be cast on the validity and force of this Petition by reason of the method employed in soliciting the signatures. It is evident that in some cases deception was practiced and the purpose of obtaining and submitting the Petition was misrepresented. Furthermore, it is interesting to observe that a very few of the persons whose signatures appear on the Petition actually appeared to testify at the inquiry itself. One would have expected that the Petition would contain at least one or two recitals showing <u>why</u> the Petitioners sought to install a Government appointed trustee for the period of one year to replace the existing administration. No reasons whatever are stated in the Petition to fortify the object of the Petition, namely the replacement of the existing administration with a Government appointed Trustee. The very format of the Petition itself would be bound to engender misinformation and a lack of cognisance as to its specific object and purpose. The very lack of any recital or preamble to the Petition setting forth the reasons why the official Trustee was requested leads me to believe that those who circulated the Petition lacked conviction and doubted whether they would be able to obtain enough signatures if the specific reasons why the official Trustee was being requested was expressed in its preamble. I note also that some of the persons who appeared as witnesses and testified relating to specific complaints did not, in fact, sign the Petition. The

evidence given by the various witnesses at the Inquiry both white and non-white indicated a distinct lack of unanimity on the question of whether or not Mr. Carrier should be replaced as Administrator. Even if the Petition were not tainted by the deception practiced in the obtaining of the signatures, I would not feel that the object of the Petition represented a general concensus of opinion by the majority of the persons in the Fort Vermilion area. Being opaque in its purpose and lacking any sense of definition, I am not disposed to place any faith or credence in its efficacy.

Garry Parenteau (31) (Metis)

This witness is from Grimshaw, Alberta, age twenty-two. He is Metis and he is on field staff for zone six of the local Metis Association. Zone six includes the Fort Vermilion area. He has held this position since September of 1972. He was present when the statement was taken from Pierre Auger and he states that Mrs. Warren Paul interpreted this statement in Cree and Parenteau wrote out the statement in English, that is the complaint. This was the complaint that related to the treatment that Pierre Auger received in the Fort Vermilion hospital. He states that he helped well over ten people make up their written complaints. He says this is part of his responsibility as a field worker for the Metis Association. He also states that Nicole Gladue helped in the preparation of these statements. Parenteau was not involved in getting the signatures on the Petition as this took place before he assumed his position as a field worker.

F. GENERAL

Iola Clarke (38) (white person)

Mrs. Clarke is a teacher in the public school in Fort Vermilion and she stated that in her work as a teacher, she hadn't had too much to do with the hospital as she had enjoyed good health and had not been a patient there for a number of years. However, she indicated that in her work in the community, she comes in contact with a good cross section of the people in the area and she hears comments and remarks about the hospital and the staff, the Administrator and the Board. She said that all the remarks she has heard or nearly all of them have been very positive. She feels that most of the people in the area have confidence in the Board and in the Administrator and she wished to express her appreciation to the Board and the Administrator for the work they had done. She says that she is aware that the Board have to put in a great deal of time on hospital administration when they could be doing work of their own. She believes they are doing it to preserve the hospital privileges and rights and she appreciates this very much. She also felt that there were a great many other people in the community that felt the same way.

David Spencer (39) (white person)

David Spencer and his wife arrived in the Spring of 1971 and they have had a couple of contacts with the hospital. He stated that even though they were newcomers to the area they were impressed with the service offered at the hospital and he wished to express his confidence in the Board and the administration.

Helen Mitchell (42) (Metis)

Helen Mitchell is 53 years old and has resided in Fort Vermilion all her life and she was employed at the hospital as a cook. She felt that some people were complaining about the cooking because they didn't like Carrier. She indicated that she had been cooking since she was 15 years old and knew how to cook and she stated that she prepared the meals in accordance with the menus prepared by the dietician or the dietary aide as the case may be. Helen Mitchell is also Vice-president of the local Native Women's Organization which position she has occupied since March of 1973. When asked if she had had any complaints about the Administrator, she replied in the negative. On page 734 of the transcript, the following answer is recorded:-

> "A. She says, this man since he's been working in there, I think the hospital personally is running well because there's twelve of us Indians working there and he never bothers us."

Reverend Robert Rolls (35) (white person)

Reverend Rolls is an Anglican clergyman and the Minister of St. Luke's Anglican Church in Fort Vermilion. He arrived in Fort Vermilion on March 31st, 1972 and is 53 years of age. In June, 1972 he assisted Mr. Carrier on a temporary basis by acting as acting business manager at the hospital. On this occasion he worked closely with Carrier and he became familiar with the activities of the hospital. He also met a number of the patients in the hospital and on several occasions he was asked to drive discharged Indian patients back to their reserves after treatment. He states that he would ask them how they were treated in the hospital and he indicated that he had no complaints from anyone with the exception

that a number of the Indian patients complained that there was insufficient meat in the diet. He stated that Indians do not like some of the vegetables that white people are used to as they are not accustomed to them. The witness stated that there are approximately 75 families that were members of his church, the majority of which would be Metis. Reverend Rolls has a close association with the Metis in the community and he has many Metis friends as well. He also stated that he had been consulted by members of the Metis community with respect to the operation of certain functions such as weddings, anniversaries, talent shows, etc. and on a number of occasions, Metis persons had asked him for advice. He stated that just before the election of Warren Paul, three Metis persons consulted him at the rectory and asked for his advice. The witness indicated that he had worked in a number of hospitals in Australia and New Zealand, England, Canada and the United States and had some knowledge of their operation. It was his opinion that the Board was doing an excellend job and that the Administrator was carrying out the directions of the Board. He indicated also that there were a large number of Mennonites as patients at the hospital from time to time but that the native people would be the majority of the hospital population in terms of patients. He states that he did not, at any time, observe any discrimination either by Carrier or any of the nursing staff. He states that at one time he had a conversation with Carrier about the employment of a needy person at the hospital and he states that Carrier bent over backwards to keep the needy person employed at the hospital, although Reverend Rolls had recommended against keeping the person on the staff. He says he never saw or heard Carrier be rude to anyone except for perhaps stepping out of line when he had to discipline them in some way.

He stated that Carrier being a person with a naval background used discipline in running the hospital and he used the expression "he runs a tight ship". He also indicated that Carrier would overlook things at times to give a person a chance. He felt that Carrier was conscious of his responsibility for keeping the rules and obeying the regulations laid down by the Board. Punctuality insofar as the native staff were concerned was somewhat of a problem as native people do not understand time the same way that a white man does and they don't always understand visiting hours. Reverend Rolls felt that Carrier was a disciplinarian and in his words "that his manner might appear to be abrupt at times."

Isadore Gladue (10) (Metis)

Mr. Gladue is about 66 years old and was a patient in the hospital for around six days in November of 1972. He stated that on one occasion when he was in the hospital, the rice wasn't quite properly cooked. He said that he wasn't feeling good at the time and thought perhaps he had a cold. This witness stated "I have been treated good at the hospital, and the people at this hospital have kept me alive" -- "I have no complaint against anybody on the hospital staff. I have been treated very good. They have made me well and they have made me better. Aside from the food that was not cooked right, I have no complaints." Later on in his evidence he stated that the white men got the same food that the native people obtained. This witness made a lasting impression on my mind and I sensed that he was being very fair and very truthfull in giving his testimony. It appeared to me from watching his demeanor when he testified that he was somewhat reluctant to appear as a witness because he stated he "did not

not wish to cause any trouble for anyone". This witness was in an excellent position to observe whether or not any discrimination was, in fact, practiced by Carrier and his evidence would seem to deny that allegation.

Maggie Mitchell (17) (Metis)

This witness was employed at the hospital for about 18 years as a laundress and she is from the Fort Vermilion area. She stated that having been in the hospital for 18 years, she said "it was only now, starting to run really well since Mr. Carrier was there". She says she thought the general administration of the hospital had improved since he had arrived. She did not feel the hospital discriminated against native people and she thought they received equal treatment, that is the whites, Metis and Indians received the same medical treatment, the same food, etc. She did not agree with the statement that there was more friction at the hospital now than there had been in the past. She made reference to the fact that some of her children had been patients at the hospital and one of her daughters had just recently come out of the hospital and she indicated that her daughter had been treated really well.

Adam Wanotch (34) (Metis)

Mr. Wanotch is the father-in-law of Donna Wanotch, one of the previous witnesses and he has lived in Fort Vermilion for 40 years. He says that ever since he has been in Fort Vermilion there have been

four people who were Administrators of the hospital and he says that of the four Administrators, Carrier is the best one so far. He stated that he had been a patient in the hospital in the Fall of 1972 when he was a patient for about two weeks. Later on he went back to the hospital for a third week. He indicated that he goes into the hospital every year for about two or three weeks. The witness is 78 years old and he states that when he was in the hospital, Carrier came around to see him but he has never spoken to him because he doesn't speak English. He stated that Carrier didn't come to see him every day but he did come to see him about three times while he was in the hospital. This witness stated that he had been "treated good, very good". Mr. Evans asked the question, "did someone tell you that the boss there now is the best one that runs the hospital". Answer, "no I seen it myself". The next question he was asked was, "did someone tell you what to say." His answer was, "no one told me what to say. I am an old man and I wouldn't come up here to lie". The witness stated that he had phoned Stan Smith and told him that he wanted to testify at this Inquiry. After listening to Mr. Wanotch testify, I was left with the impression that he was endeavouring to be as fair as possible and his evidence had the ring of truth to it. Having been a patient himself on a regular basis at the hospital, he would have been in a particularly good position to observe whether or not the native people were treated any differently than the white people. His evidence would tend to negative any suggestion that the native people were treated differently from the white people at the hospital.

Mrs. Jean Murtagh (4) (white person)

Mrs. Murtagh is the Director of Nursing at the hospital and she has occupied this position since July of 1971. She has had 22 years nursing experience, some of which was in small hospitals comparable in size to the St. Theresa Hospital. She also had three or four years experience working in the outback in Northern Australia working with the Australian natives, Aborigines. She stated that she considered it a privilege to be permitted to work with Carrier whom she described as being a sincere and honest man. She felt that Carrier and the Board had endeavoured to do a great deal but they were consistently prevented or hindered from doing this by "politics" either local or medical. She also mentioned that the administration had made a number of improvements to the physical plant, the most important of which would be the annex next door which was a good thing because it provided room and board accommodation, mainly for pregnant women who were awaiting the birth of their child. These would be women who would have difficulty coming to the hospital when they were in labour because of the distances. They would frequently be brought to the annex prior to their expected date of delivery and they would be accommodated in the annex until the birth of their child. She mentioned some other changes, such as the sealing off of the pediatric section and the operating room from the general corridors to prevent access to these areas. This was desirable from the point of view of sterility and with respect to the pediatric section, she says that in a hospital it is advisable to segregate the children from the adults for medical reasons. Also there were improvements in terms of new equipment such as the new

positive pressure breathing machine. She said the equipment is constantly up-graded. Also the admissions office was moved down to the basement and waiting room facilities were provided upstairs so the patients didn't simply sit out in the hall the way they had previously. There were now two treatment rooms when originally there was only one. Mrs. Murtagh mentioned that there were more whites than natives on her nursing staff which would include registered nurses, certified nursing aides and ward aides. She indicated also that she had two Philipino nurses on her staff. She said that some of the certified nursing aides and ward aides would be native. I asked her if she made any sort of a special effort to recruit non-white people on her nursing staff and she indicated that she did not do this as her efforts were directed towards recruiting the person that she considered best suited for the job. She stated that there was no special policy on the board to try to encourage employment of non-white staff because of the peculiar situation existing in Fort Vermilion. I asked her if she had ever heard of any native girls becoming nurses and she said that she had never heard of any and I asked her if native girls would be disinclined to become nurses and she said that she found that the Treaty Indians tended to be shy and she said she thought they would find it difficult amongst a group of teenage white people to go through the experience. She did not doubt their ability to do so but she thought they would find it difficult because they have a different nature.

Mrs. Murtagh was questioned as to the routine that is followed by the nursing staff when a person dies in the hospital. Her evidence was to the effect that it is the responsibility of the nursing staff to see that any dead body is treated with respect and dignity. She said that

the first thing that occurs is that the body is washed. She indicated that actually that was the point where the nursing staff's responsibility ended, however, she felt that because of the difficult circumstances in this area, they usually had to go a step further. They would usually try to contact the next-of-kin to see if they wanted to have the body dressed and would then ask them to bring in the clothes. She says that she herself has assisted in dressing the bodies on a number of occasions. If relatives are not accessible or clothes are not available the standard shroud kit provided by the hospital suppliers is used. These are generally ordered from the hospital suppliers. The shroud kit consists of identification tags, tapes with which to tie the patients ankles together and the arms together and a plastic sheet. She believes that the plastic sheet is especially impregnated with some chemical in order to preserve the body and there is a chin strap which is part of the kit as well. When a patient dies the practice is to remove all covers from the bed except one sheet, to straighten the limbs, to close the eyes and to see that the chin is held up by the strap with the mouth closed. The arms are tied to the side of the body and the legs are tied together, after being straightened. This procedure is adhered to because of rigor mortis. If this were not done soon after the person died it would be difficult to carry out later on and might present problems when the body was being dressed. She says that she wouldn't consider it advisable unless the next-of-kin were present to dress the deceased person in their own clothes or in the clothes in which they had come to the hospital. She indicated that most people wished to have their dead dressed in new clothes or the best clothes and these are not always at the hospital at the time of death. She felt that the shroud was adequate and was what was used in

most hospitals. It is an opaque plastic sheet with special ties attached to it and an identification tag. In larger cities this kind of work would normally be done by morticians. She stated that she had never been informed by any native person that they found it offensive to receive a body that was not clothed. This witness was asked whether, during the course of her two-year stay at the hospital, she had ever known of any instances of preferred treatment being given to whites as opposed to native people and her answer was in the negative.

Mrs. Murtagh is a lady of Scottish extraction, obviously highly experienced and highly qualified for her position as Director of Nursing at the hospital. She gave her evidence in a very forthright and candid manner and her concern for the wellbeing of her patients both white and non-white was implicit throughout her evidence. There was no mistaking her affection and understanding for the native patients who came under her care. I am quite certain that Mrs. Murtagh would never for a moment tolerate any kind of discrimination amongst her staff. It is to be noted that most of the non-white persons employed by the hospital would come under her jurisdiction as Director of Nursing. I cannot conceive of any form of discrimination being practiced in this hospital so long as Mrs. Murtagh was the Director of Nursing.

Dr. Russell Wiebe (36) (white person)

Dr. Russell Wiebe has been on the staff of the St. Theresa Hospital since July of 1971. He had done his internship in the hospital at New Westminster, British Columbia which he completed on June 30th, 1971.

With respect to the admission of children to the hospital as patients, he said that he would not admit a child on the basis of what other people told him, but only on the basis of the child's condition. He replied in the affirmative when he was asked whether his patients, without exception, were admitted or discharged on his decision and not as a result of any intervention by Mr. Carrier. He went on to state that if any patients of his had a complaint that they were not admitted when they should have been or were discharged when they should not have been, that that was his decision and not Mr. Carrier's. He was asked about the question of visiting hours and whether or not he gave any direction in this respect to the Director of Nursing. He stated that occasionally he had suggested that visitors be allowed to stay in overnight with the sick patient and he was very happy with the co-operation he had received from the nursing staff. He said that visiting hours were flexible where flexibility was warranted. By this he stated that he meant because of the distance of the visitor from the hospital and the condition of the patient. At the conclusion of his evidence, Dr. Wiebe requested an opportunity to read a written statement that he had prepared in preparation for the Inquiry. Dr. Wiebe's statement summarizes so poignantly and succinctly the situation at the St. Theresa Hospital, that I have reproduced it hereunder in full.

> "Fort Vermilion and surrounding area is a unique community insofar as it is comprised of different cultural groups that think and act differently and have different mother tongues. There are bound to be problems arise in such a community if people are not tolerant of these differences. As this public hearing has brought out, there has been tensions and dissatisfactions between the hospital administration and various people especially Mr. Carrier and some native people. As a medical practitioner in this area who

has seen and talked to the people in the area there have been very few complaints about the hospital and hospital care at the St. Theresa Hospital. I have made it a point to often ask patients in the hospital if they are happy. Usually I receive the reply they are happy in the hospital.

Mr. Carrier is an energetic and ambitious man who has tried to run the hospital in an efficient manner. I have attended Board Meetings and I have seen how the Hospital Board and Mr. Carrier have struggled in meeting their budget and various other problems. The hospital has improved facilities and quality of staff and has developed the Health Care Centre next to the hospital. This has cost money. I have marvelled at how these problems have been solved by the Board and Mr. Carrier. In Mr. Carrier's energetic drive to improve hospital standards and cope with problems, he has stepped on some peoples toes. He has stepped on my toes. We have had differences of opinion but we have been able to sit down and iron them out. Anybody who is progressive makes mistakes and Mr. Carrier has made mistakes but he has been very ready to admit his mistakes and then these things have not happened again. An example of this is the placing of children in foster homes without parental consent, which has not been repeated even though on numerous occasions after this event children have remained in hospital for a number of days after discharge.

I feel Mr. Carrier has been at times to rigid in enforcing hospital rules but I believe he has also been very tolerant in dealing with people such as in obtaining health care registration numbers fees. My secretary has had similar problems in obtaining Alberta Health Care registration numbers and this can be very frustrating and provoking. I have seen no incidents of discrimination on the part of Mr. Carrier or the Hospital Board at St. Theresa Hospital. I believe Mr. Carrier has been over ambitious and tactless at times in dealing with people. Dr. Robert Clarke of the Alberta Medical Association said that Mr. Carrier is a valuable man to have in a hospital where everyone is trying to improve the standard of medical care but he needs direction to control his exuberance and ambition. I have always felt that the difference that existed between Mr. Carrier and certain people can and should be resolved by genuine humble apologies on both sides of the fence. Everyone makes mistakes and if we that make mistakes humble ourselves and apologize when we have done wrong and then do better in the future, that mistake should be wiped out. That is what life is all about. We get along with our neighbours and friends and husband, wife and children by admitting our faults one to another and then improving ourselves. If we cannot do that we are too proud. Sometimes we have to go the second mile and maybe this is what is required of Mr. Carrier. The removal of Mr. Carrier and the

Hospital Board from their job in my opinion will not solve the problem this community is facing. I do not think the people who oppose Mr. Carrier will be truly happy if he has to leave. I feel they can only be truly happy if their differences with him can be resolved. In my opinion, both Mr. Carrier and the people that oppose him must properly admit their mistakes and try to work together in the future. This is the only way I can live with people and be happy. The future of my medical practice in Fort Vermilion looks dark. If I think of the possibility of a hospital administrator leaving his job because he made some mistake for trying to improve hospital facilities and improve the standards of hospital care in the community. Also it appears dark if the Administrator Hospital Board cannot admit to their mistakes and make realistic changes to make people who are dissatisfied, more satisfied. Also the future of my medical practice in Fort Vermilion looks dark if I think of the possibility that the people of this community will not throw their full support behind Mr. Carrier and the Hospital Board and resolve their differences with them. If they cannot support the present Administration in the Hospital Board I wonder whether they can support any Administrator or Hospital Board."

J.A.W. Newman (1) (white person)

Mr. Jack Newman was appointed as Chairman of the Hospital Board on October 29th, 1969 and he was re-appointed at each subsequent annual meeting. He first heard about the Petition in May of 1972 and he is not sure how it first came to his attention. As soon as he heard about it he went to see Mr. Warren Paul as he knew Mr. Paul had some connection with its circulation. He asked Mr. Paul to show him a copy of the Petition which he did. Mr. Paul then showed him a blank copy of the Petition which was blank except for the heading at the top and there were no names on the Petition and it indicated dissatisfaction with the Administrator. It appears that the Board didn't actually see the signed Petition until January, 1973 and a copy of it was obtained at the Board's own request through Mr. Al Adair, the M.L.A. for Peace River. When Mr. Newman spoke to Mr. Paul, it was when Mr. Newman was on the way to a hospital Board

Meeting and he asked Mr. Paul to come to the meeting with him. Mr. Newman stated that he thought that if Warren Paul had dissatisfaction with the Hospital Board or with the Administrator that it should be discussed by the Board. Newman stated that Mr. Paul indicated to him that he wasn't prepared to come to the Board Meeting that night and Mr. Newman suggested that that was fair but would he come at another time or would he indicate to him another time that would be more suitable. Mr. Paul asked if he would be allowed to bring someone else with him and Mr. Newman replied that most certainly he could bring anyone he wished. Mr. Newman stated that he would be glad to discuss it and Mr. Paul indicated to Mr. Newman that he would make the necessary arrangements and on that note he parted and Mr. Newman reported his conversation to the Board whereupon it was decided to write letters to Mr. and Mrs. Paul and also Mr. and Mrs. Pritchard as it appeared that they also had been involved in the Petition. The letters were an invitation to come to the Board to air the complaints and make them known to the Board. Newman said there was no response to these letters, the complaints were not brought to the Board and he had no further communication with these people. The letters were dated May 10th, 1972 and they were returned by the post office as refused or unclaimed. There were four letters sent out all together. These are the letters referred to in Maureen Pritchard's examination. Mr. Newman was asked about when he first heard anything about complaints relating to racial discrimination in the hospital and he states his first knowledge of this was when he heard something about a radio report and this upset him and he phoned the radio station which was CKYL and discussed the matter with Mr. David Rutherford who took the call. He asked

Mr. Rutherford where he got his information and what was the basis for the statements made over the radio and Rutherford informed him that he got the information from Mrs. Pritchard (witness number 29). He also states that on October 18th, 1972 he received a letter from Mr. Al Adair, M.L.A. for Peace River requesting the cooperation of the Hospital Board in meeting with members of the Metis Association. As a result of this letter, Mr. Newman was contacted by Mr. Roger Cardinal and Mr. Gary Parenteau. This was shortly after he received the letter and they discussed the meeting and the meeting was subsequently held on October 24th, 1972. The full Board was in attendance and Mr. Newman thinks there were about ten people other than the Board members, the other persons being Roger Cardinal, Mr. and Mrs. Warren Paul, Mrs. Maureen Pritchard, Mrs. Emma Smith, Mr. John Flooren, Mrs. Justine Friesen and Mary Cardinal. He says there may have been others but he doesn't recall who they were. Dr. Wiebe was present for the first part of the meeting and was later asked to leave by Mr. Cardinal. Dr. Wiebe agreed to leave and did so. At this meeting which was held on October 24th, 1972 various complaints were discussed relating to allegations of misconduct or mistreatment by Mr. Carrier. Questions were asked and comments made, all of the complaints being verbal. One of the things that the representatives of the native people asked for at the meeting of October 24th was that Carrier be fired. The Board didn't feel this was reasonable, however, it agreed to consider the submissions and Newman was to meet with Roger Cardinal the next day and leave a reply with him and this he did. Newman then met the following day with Cardinal and Parenteau and Newman advised Cardinal and his group by letter which was dated October 25th, 1972 of formalities that had to be complied with by virtue of the by-laws of the Hospital Board. Newman states

that he heard nothing further from Cardinal directly until January 9th, 1973 when he had another letter requesting a formal meeting with the Board. Arrangements were then made for a meeting on February 17th, 1973 in the Hospital Board Room. Notices were sent to everyone. Cardinal had said previously he only wished to bring those people to the meeting that had made formal requests or formal complaints to the Board. Newman said he had sent notices just to his own Board members. The Metis Association sent out their own notices. This meeting was never held becaus the Board were waiting in the Hospital Board Room and the Metis representatives were in the Church basement. Cardinal said they had to meet in the Church basement because there were more people than could be accommodated in the Board Room. Newman reported this back to the Board and the Board felt that the meeting had been requested by Mr. Cardinal at which time Cardinal had indicated that only the people who had made complaints would be present. The Board did not feel it was a public meeting, nor did they feel they could carry on with the meeting as arranged at the Hospital.

Newman also made reference to letters sent out to the Four Band Councils and the Metis Association regarding the implementation of a Joint Planning Committee which is a requirement of the Hospitals Act in order to obtain the necessary approval for additional medical facilities in that area. This is not a committee that advises on the day-to-day operation of the hospital, it does, however, advise on the development of needs or establish the needs and plans for future development in that area. It arises out of a directive from the Alberta Hospital Services Commission. Mr. Newman indicated that the only reply they received was from the Metis Association, which letter indicated that there was no one interested

sufficiently to serve on the Committee. No reply was received from any of the Four Band Councils. Mr. Newman testified that on March 28th, 1973 a verbal directive was received from the Alberta Hospital Services Commission to dismiss Mr. Carrier. This came via a telephone call to Stanley Smith who is Vice-Chairman of the Board. Newman was not in the area at the time. Stan Smith was not prepared to do this. He indicated that he would attempt to contact Mr. Newman which he did. Mr. Newman was, at the time, in Edmonton and on receiving the phone call from Mr. Smith, he immediately contacted the Hospital Services Commission to find out what the reasons were. Dr. Bradley indicated to Mr. Newman that it was not his decision. Mr. Newman asked for an interview with the Honourable Neil Crawford, Minister of Health and Social Development. Dr. Bradley assured him that he would try to arrange it. This meeting took place the same afternoon and Mr. Newman was accompanied by Mr. Morrison, representing the Alberta Hospitals Association and Mr. Al Adair, M.L.A. for Peace River. Mr. Newman stated that Mr. Crawford indicated that the reason for the directive was because of the general unrest and discontent in the area because of Mr. Carrier. Mr. Newman indicated to Mr. Crawford that he felt this was a decision that he did not feel he could make himself as he did not feel he had the responsibility or the authority to do it and Mr. Newman wanted to consult with the other members of the Board. Accordingly he asked the Minister for his decision in writing which he was assured he would give the next day. Mr. Newman then asked the rest of the Board members if they would come to Edmonton to meet with him because he felt whatever action was necessary would be done in Edmonton. Consequently the other Board members came to Edmonton and Mr. Newman asked Mr. Adair if they could meet with the Premier since Mr. Newman felt that from his

conversation with Mr. Crawford, the decision had not been made at Mr. Crawford's level. Mr. Newman says that his information at that time was that the Premier had participated in this decision that Mr. Carrier should be discharged. A meeting was, therefore, arranged by Mr. Adair which took place on April 2nd, 1973. The members of the Hospital Board were in attendance together with Premier Lougheed, the Honourable Neil Crawford and other Government officials. Mr. Newman states that the Board indicated that they were Mr. Carrier's employers and that they had the authority to employ or discharge Mr. Carrier and he says his impression was that if the Government felt it was necessary to discharge Mr. Carrier the Board would likely have to be replaced and another authority installed to replace Mr. Carrier. The Board felt the matter deserved much closer inspection so Mr. Newman requested that an inquiry be held to look into this matter. Mr. Newman also states that the Board told Premier Lougheed and Mr. Crawford that the Board had, prior to the meeting, contacted the Indian Association of Alberta and the Metis Association of Alberta and asked to meet with their officials.

Mr. Newman testified that the Board members apparently had some discussion with Carrier about his attitude and his manner of dealing with people as a result of the complaints that were aired at the meeting in October of 1972. Mr. Newman was asked if he himself ever found Carrier to be impatient or rude on occasion. Newman replied that Carrier is "very energetic and I think probably at times his energy has carried him to where perhaps he has indicated to other people that he is impatient. I don't think he has ever been intentionally rude to anybody. He may have been careless in his approach."

Mr. Newman also indicated that he and the Board agreed also that they would be willing to recommend that there be more native people on the Board and they made this recommendation to the Premier in their meeting with the Premier and Mr. Crawford. Mr. Newman also stated that he was sure the Board would be prepared to work with a Liaison Committee of Treaty Indians. He doesn't feel that they can simply be on an advisory council. He thinks they should actually be brought in as members of the Board where they have power to vote or to participate fully in the workings of the Board.

Stanley Smith (40) (Metis)

When Mr. Stanley Smith was testifying he was asked if he had any information about the case of the baby whose body was put in a box and flown in from Fort Vermilion to the Jean D'Or Reserve. Mr. Smith said he had discussed this matter with the Chief of the Reserve. It appears the baby was delivered in a plastic bag and not in a box as originally suggested. The matter was subsequently discussed at a meeting of the Hospital Board and the suggestion was made that Stanley Smith take a letter of apology to the Jean D'Or Reserve to the parents. This Mr. Smith agreed to do. Subsequently Mr. Smith met with one of the members of the Band Council. He thinks it was Billy St. Arnault, a representative of the Department of Indian Affairs who works for the Band. Mr. Smith told him the purpose of his visit and he asked him to accompany him to the home of the parents of the child and it was arranged that Mr. Smith would give him the letter of apology and it was agreed that he would read it and interpret it to the parents. This was, in fact, done and they also assured the father and mother that it would never happen again

in the future. Mr. Smith indicated that the parents did not seem to be too concerned about the matter. Mr. Smith also stated that he wasn't aware of any racial discrimination taking place at the hospital.

Maureen Pritchard (29) (white person)

Reference was made in Mr. Newman's testimony and also in Mrs. Maureen Pritchard's testimony to the effect that on May 10th, 1972 a letter was sent by Mr. Newman on behalf of the Hospital Board to Mrs. Pritchard making reference to the Petition then being circulated and inviting her to submit written complaints to the Board and offering to hear representations at the Board meetings. This letter was marked as Exhibit "14" and appears in its entirety as Appendix "F" to this Report. It is clear from the evidence that Mrs. Pritchard refused to pick up this letter after she became aware of its presence at the post office. I also note that Mrs. Pritchard's letter to Messrs. Willows and Ward, representatives on the Improvement District No. 23 Advisory Board was dated May 15th, 1972(this letter appears as Appendix "E" in the back of this Report). The envelope in which the letter to Mrs. Pritchard from the Board was contained indicates quite clearly that the letter is from the St. Theresa General Hospital and I note that in Mrs. Pritchard's evidence found in the Transcript on page 522, she stated "I wasn't sure if the letter was from the hospital or from Mr. Carrier". Question: "or from the board." Answer: "Right."

Mr. Stan Daniels (45) (Metis)

Mr. Daniels is President of the Metis Association of Alberta

and he testified that sometime around August of 1972 he received a letter and some telephone calls regarding the Petition which had been presented to the Provincial Government and the people who had presented the Petition were concerned because they hadn't had any reaction to it. He stated that Warren Paul was one of the people that he talked to. He also indicated that at Mr. Adair's request, he advised Warren Paul that a meeting should be held to discuss the matter of the complaints further and this was the one that was supposed to have been held in the hospital board room in Arpil of 1973 which never came about because the Metis representatives stayed in the Church hall and refused to meet in the board room at the hospital and the hospital Board members refused to meet with the Metis representatives in the Church basement. The witness went on to state that when it did not appear that there was any reaction from the meetings that he had had with representatives of the Provincial Government and with Mr. Adair and other people, he then wrote to Premier Lougheed and he received a reply from the Premier which suggested that Mr. Daniels meet again with Mr. Adair and he states that some new evidence had come in and along with Harold Cardinal, the President of the Indian Association of Alberta , they made an appointment with the Premier and asked the Premier to take the necessary action. He felt that it was a little over a year since the difficulties began and that no one was really doing anything positive about it. He indicated that the reports he was receiving from the Fort Vermilion area indicated that the situation in Fort Vermilion was tense and he states that this is the reason they took action and went directly to the Government and because of the long delay in taking action. Mr. Daniels was asked by Mr. Levesque why it was that no attempt was ever

made to deal with the problem with the local Hospital Board. Mr. Daniels' reply was that Roger Cardinal, the Executive-Director of the Metis Association had a meeting with the Board and had all complaints with him and advised the Chairman of the Board at that first meeting, and that there was no indication at the time that the Board was interested in the complaints so the complaints were brought back. Daniels states that he also had a further meeting with the Hospital Board when the Hospital Board met in Edmonton in April of 1973. This meeting lasted about an hour.

The following answer given by Mr. Daniels illustrates the role played by the Metis Association of Alberta:-

> "...we simply follow the directive of the complainants and the people who have complained have come to us and we have only acted at a later date -- they have taken upon themselves to try and get this person removed in other ways and finally as a last resort they came to the Indian Association, only as a last resort, and I have only been involved in it probably, there has been no publicity, I haven't bothered with it, I could have at any time as indicated, got all the publicity I want but I don't feel -- I don't need any."

Mr. Daniels also indicated that there had been no communication between the Metis Association of Alberta and the Indian Association of Alberta relating to the problem with the St. Theresa Hospital and in April of 1973 occurred the first opportunity when Mr. Daniels met with Mr. Harold Cardinal, the President of the Indian Association of Alberta to discuss the matter of the complaints. This occurred shortly before their meeting with Premier Lougheed.

Daniels also admitted that Carrier was probably a good Administrator insofar as the administration of the hospital was concerned and in terms of the health services provided by the hospital, however, he did feel that Carrier tended to disregard the human element in his relations

with the native people.

Harold Cardinal (26) (Treaty Indian)

Harold Cardinal is President of the Indian Association of Alberta, a position he has occupied for five years having first been elected President in 1968. He made reference to a meeting on April 18th, 1973 in Fort Vermilion, at which meeting there were representatives of the Four Band Councils present. The Indian Association of Alberta was represented by its Northern Vice-President, Mr. Don Cardinal and their legal counsel was present. The meeting was convened for the purpose of discussing solutions to the problem of the complaints submitted regarding Carrier and his administration of the hospital. A resolution was prepared which appointed the Indian Association of Alberta as the representative for the Four Band Councils with respect to the solution of the problem regarding the complaints. (A copy of this Resolution appears as Appendix "G" in the back of this Report.) Cardinal states that a number of complaints were brought to his attention as President of the Indian Association and they made a number of recommendations to the Provincial Government, of which the most important would be the implementation of this Inquiry. When Cardinal was asked to assess the climate at the present time in Fort Vermilion, he described this as being "unhealthy from the point of view of parties that have apparently lined up pro and con over an issue". He said he thought there would have to be some real leadership and directions otherwise the problem would tear the community apart. Mr. Cardinal seemed to evince an unwillingness to acknowledge that direct representation of the Indians on Boards such

as this Hospital Board was a good thing. He amplified this by saying that Treaty Indians have always taken the position that the exclusive jurisdiction for Treaty Indians lies with the Federal Government and not with the Province. Consequently the Treaty Indians are wary in terms of participating with any of the institutions initiated or brought into being by legislation of the Alberta Legislature. He says that he wants to make sure that the question of jurisdiction over Indian Affairs is respected and he feels that it is necessary to sit down with Federal representatives to discuss this matter. I made reference to the fact that under the Municipal Act, the nominations for the representatives on the Hospital Board are made at the local level by the Improvement District Advisory Council and then the Minister of Municipal Affairs actually appoints these people. Cardinal stated that he would be reluctant to recognize that as he says that he doubts that the Indian people would be willing to recognize the authority or jurisdiction of these improvement district boards over Indian reserves. He said that this might be a stumbling block to getting any further discussion underway regarding this type of problem. He indicated that this would partially account for the reluctance of Indian people to nominate people to represent them on the Hospital Board. I then asked him about the possibility of having Indian bands themselves name a representative to the Hospital Board rather than having representatives nominated by the Improvement District Council. His reply was, "I think it would be possible and probably highly desirable that something like this take place." Question: "So the Indians would, in fact, then have their own representatives on the Hospital Board." Answer: "Right". He felt that this might help to resolve the communication

problem that exists as between the Treaty Indians and the hospital administration.

I think the following questions and answers extracted from the transcript merit further consideration and for this reason, I have included them verbatim.

"Q. You and the Indians you lead in this Province are dedicated to this proposition that we can solve this problem in an orderly way?

A. We always have been and I think the presence of so many people to this inquiry, in spite of the fact it's a foreign process, indicates their belief in that.

Q. Are you satisfied from what you've seen of the conduct of the inquiry today, that the Indian people and the Metis people are being given every opportunity to express the problems they have and the complaints they have?

A. Well, I think I am satisfied to the extent that both parties, either from the witness stand or through their counsels, have been able to express their positions. In looking at the inquiry itself, in view of the fact that it's looking into problems or allegations of problems, I think it has by its nature tended to aggravate or inflame the emotions in the community and perhaps if there was some follow up by Government or by the appropriate people to talk with in a more constructive environment where they would not only discuss problems but talk about some solutions, then that would help the community, that perhaps this would be a healthy process.

Q. Are you suggesting that this be done after I submit a report or make some findings as a result of this inquiry?

A. I would hope that some process could take place immediately after your report has been submitted for this to take place. I don't think it would be healthy to leave the community as it is now.

Q. Have you given some thought to the format this would take?

A. We have but again we are going to wait for the decision from the Commissioner and the learned gentlemen on either side of the table and hopefully at that point then we will be able to participate in some discussions to try and find our way out."

The matter of outside intervention, both on the part of the representatives of the Metis Association of Alberta and the Indian

Association of Alberta into what was essentially a local problem arose several times throughout the evidence. The following question and answer extracted from Harold Cardinal's evidence is, I think, significant from the point of view of the Indian Association of Alberta:-

"Q. Are you suggesting, sir, that matters such as this should be settled at the local level? Did the Indian Association make any attempt to settle this particular dispute on the local level?

A. No, I don't think we met with the Board and I suppose that's what you're getting to, to try and resolve this largely because in our examination of the situation, it appeared and certainly the hearings have confirmed that there have been two pretty hard positions taken, one by the Board and one by the people involved on the other side of the controversy and given that situation, we requested a form of arbitration that would hopefully bring both parties together which is, as far as I am concerned, the purpose of this inquiry."

At the conclusion of Harold Cardinal's evidence, I was asked by Mr. Evans, the solicitor for the Metis Association of Alberta and the Indian Association of Alberta, to take cognizance of the fact that the chiefs of the Four Band Councils had decided not to testify personally at the Inquiry in that they had all agreed that Harold Cardinal as President of the Indian Association of Alberta would testify on behalf of the Four Band Councils. Prior to the inception of the Inquiry, Mr. Evans had submitted the names of the four Band Chiefs as prospective witnesses.

Don Cardinal (27) (Treaty Indian)

Don Cardinal is the Vice-President of the Indian Association of Alberta and he grew up on the Sucker Creek Indian Reserve and he is 36 years of age. Although the subject of the proper method of transmittal of the body of an Indian person who had died in the hospital

to his home was not directly the subject of a complaint before this Inquiry, I felt that it would be worthwhile to obtain some clarification on this matter inasmuch as there had been at least three occasions reported in the press of complaints relating to the disposal of bodies of native persons following their decease in hospitals. It was, therefore, at my specific request that Don Cardinal be called as a witness for the purpose of enlightenment on the subject of the traditional Indian rites which are observed when an Indian person dies and especially where this occurs in a hospital in a remote area. Lack of understanding in the past of the difference between traditional rites observed by white persons and Indian persons may well have lead to misunderstandings which, in turn, may have resulted in a feeling amongst Indian persons that the degree of respect afforded to the body of an Indian person was different from that of a white person. It is hoped that this information will be beneficial in the future to those directly or indirectly charged with the administration of hospitals or related services and that a better understanding of this subject will prevent future misunderstandings.

Mr. Cardinal stated that when an Indian person is dying or is close to death, it is most important that he or she be permitted to have present the members of the immediate family. This is especially important in the case of elderly persons who are about to pass away. It is on these occasions that the person about to pass away gives special messages and says his farewells to each member of the family. It is a time of solace and comforting words are expressed to the immediate family so as to encourage them not to grieve or cry as this would make it harder for

the spirit to leave the body. It is important that the body be treated with respect and dignity. Immediately after death, the body is then washed and is clothed with the best clothes that are available. In some cases the next-of-kin will purchase new clothes with which to cover the body. Fundamental to the Indian culture is the belief that when an Indian dies he is about to enter another world and by reason thereof should be clean and well dressed so that when he enters the strange new world, he hopes that he will be well received and welcomed. After the body is removed from the hospital, it is the custom that it be returned to the deceased's home where it will remain in view for three days and three nights so that ralatives may come and pay their last respects and usually prayers are offered day and night for the spirit of the deceased. Part of the ritual is that the relatives of the deceased will remain with the immediate family to offer support to them in their bereavement. Episodes in the life of the deceased are related and exchanged and his good deeds are recounted so as to ease the burden of the loss on the deceased's immediate family. On occasion, the practice will be adhered to of placing in the casket some articles of which the deceased was particularly fond or which he highly prized during his lifetime. The origin of these rites appears to be lost in antiquity, however, they would appear to represent a fusion of elements of religion as well as culture. The witness indicated that these rights perhaps with some variations are common in most Indian cultures throughout the country. Mr. Cardinal made reference to the hospital in High Prairie where it appears that there have been situations where the family of the deceased have been permitted to remain with the deceased person in the hospital 24 hours a day when it became

evident that the patient was dying and it was known that there was nothing further the doctors could do. The close relatives were permitted to stay with the dying person until he or she passed away. Sometimes a private room was made available for this purpose and being not unmindful of practical considerations, Mr. Cardinal indicated that if the room became too crowded the close relatives could take turns sitting or remaining with the dying person. The practice on most occasions, according to Mr. Cardinal, was that the family would purchase new clothes immediately after the decease and they would then take these clothes to the hospital where the deceased died and the body would then be dressed in the new clothes before it left the hospital. Mr. Cardinal stated that it would be preferable that the body be returned in the casket, however, if this was not possible, then the body should be properly wrapped in clean sheets or clean clothes. Another custom that is observed by the family and the relatives when the body is taken to the home of the deceased and is open to view is for the immediate family and relatives to touch the forehead of the deceased person as a symbolic way of saying goodbye and praying for the departing spirit.

Ephrem J. Carrier (44) (white person)

Prior to the opening of the hearing when the mode in which the Inquiry would be conducted was discussed amongst the writer and the other counsel involved, it was arranged with Mr. Carrier's consent that the witnesses who wished to deal with specific complaints would testify first and after all the witnesses had been heard who had evidence bearing on the complaints, then Mr. Carrier would give his

evidence as it related to each specific complaint. Carrier came to Fort Vermilion on November 9th, 1970 for the purposes of an interview. At that time he was Administrator at the Berwyn Hospital in Northern Alberta. Prior to that he had been Administrator at the Slave Lake Hospital for a period of eighteen months. Forty-four years of age, Carrier was born in Grandfalls, New Brunswick. At the age of seventeen, he joined the Royal Canadian Navy in which he served for twenty years and during his twenty-year period he had the opportunity of travelling throughout most of the world. He did not experience any combat and left the navy in 1960 returning to the navy again in 1962 for a further five-year stint. Following his discharge from the navy, he took a course at the University of Saskatchewan, Saskatoon Campus, College of Commerce which involved a two-year program leading to a diploma in hospital administration. This was completed on May 19th, 1968. He has been employed as a hospital administrator since October 20th, 1968. Carrier indicated that prior to accepting the position at the St. Theresa Hospital in Fort Vermilion he entertained some misgivings as the position did not appear to be one offering much promise. After further consideration he said that he would accept the position as he felt that he could offer the community services and improve the level of health care in the area. After commencing his duties as Administrator in the St. Theresa Hospital, he embarked upon a program of developing a joint planning committee under the direction of the Hospital Services Commission which was to consist of approximately ten people to represent the total district and which would have as its function, the identification of short and long-range objectives for the Hospital Board to act on. This was a

necessary step that had to be taken before major capital expenditures -- for example, the construction of a new hospital -- could be approved by the Alberta Hospital Services Commission. Carrier was instructed by the Board to write letters to various people including representatives of the Department of Public Health, the Little Red River Band, the Boyer River Band, and the Metis Association. The purpose of these letters was to offer a seat on the joint planning committee to the representatives of the foregoing bodies. As of the date of the Inquiry, he had received the name of a representative from Public Health, however, no reply had been received from the Little Red River Band, the Boyer River Band and a negative reply was conveyed from the local Metis Association.

Carrier makes reference to the application forms used by persons applying for work at the hospital. When he first arrived at the hospital the forms contained a section providing for racial origin, religion and age of the applicant and Carrier felt that these forms should be revised and these questions left out as he didn't feel that he was particularly interested in the answers and he considered that the questions themselves may well have been offensive to existing human rights legislation. He states that he has never discriminated against people on the basis of their racial origin. He recounted that he employed many natives including Philipinos and Japanese. He recited that it was difficult enough to attract highly trained people to the hospital without putting up racial barriers.

Carrier clarified the power of the Hospital Board to initiate changes in its own policies and stated that there were two areas where approval must be obtained. The first instance is in the case of the

medical staff by-laws which had to be approved by the Minister of Health and in the other area, the Board has no authority over its own composition and the appointment of its members.

Carrier was questioned about the reference to his running "a tight ship". His reply was that there was "sound organization" in the St. Theresa Hospital. This was composed of nine departments with the head of these nine departments each responsible to him. He stated that if the phrase "tight ship" meant an organization that "functions and produces" then he would agree that this is what he ran. In his view, "a hospital is an insurance policy and it is my responsibility to see that when the citizens of this community need the services of that insurance that it is there and that is what I am attempting to accomplish." He realized that he would have to "step on toes" to accomplish this objective and he admits freely having to do this on occasion. His objective he states was to try to run "an efficient operation".

In a voice barely able to conceal the underlying emotion, Carrier related to the circumstances of a bus crash that took place in the Fort Vermilion area on June 27th, 1972. At 8:10 a.m. Carrier received a telephone call from the RCMP to the effect that there had been an accident involving a school bus approximately 23 miles South of Fort Vermilion. The constable knew nothing of the details regarding the injuries. Carrier immediately set about making the necessary preparations by alerting all the heads of the nine hospital departments and assembling all his staff, not knowing exactly what was going to happen but knowing that whatever was going to happen would happen in about 20 minutes. At approximately 8:30 the first cars carrying casualties began to arrive. In his evidence,

Carrier indicated that the hospital treated 27 injured people which included six major casualties, three fractured skulls, a lacerated liver, broken arms, broken shoulders, lacerated faces, and all imaginable injuries in between. The casualties were all children except for the two bus drivers. Carrier stated that he was very proud of his staff that day because even with all these major injuries nobody died. He related that the hospital had an organization for small emergencies such as a person coming in with a gunshot wound, but they had never had an exercise for a disaster of this magnitude but he says that the fact that the staff got together as a team and provided the necessary services without any previous exercise, speaks for their ability to understand problems and to get on with the job. In the twenty minutes that he had available to undertake the necessary preparations, he informed the Director of Nursing and had her assemble all her nursing staff. He informed the technicians, that is the x-ray technicians and the lab technicians to make sure that all their equipment was in readiness. He informed the maintenance people about requirements for security in the hospital to prevent parents from coming into the hospital to interfere with the treatment. The medical records librarian was instructed to look after the telephone. Two police officers and the two Ministers, Father Plouffe and Reverend Rolls were summoned to the hospital to assist the parents and when the casualties began to arrive, the hospital was fully functional and ready. The physical facilities of the hospital were described by Carrier as being "abominable" as casualties had to be carried from outside into the hospital and up the stairs where there were casualties in all the treatment rooms, the x-ray room and the halls. Major surgery had to be performed in the operating room and in the hall.

Carrier was questioned about the operation of the drug store and his company, Carrier Drugs Limited. It appears that Carrier is the President of Carrier Drugs Limited which is a private Alberta corporation and the drug store itself is operated by a licensed pharmacist, a Mr. Seiji Sakurai. Mr. Sakurai is not a shareholder in the Company. Mr. Carrier, his wife and Mr. Stanley Smith, a member of the Hospital Board are the three shareholders of the Company. Evidently Mr. Smith previously owned the property on which the drugstore is situate and he sold this property to Carrier Drugs Limited in consideration for his receiving shares in the drug company. A Mrs. Viola Mitchell was hired to work in the drugstore on a part-time basis and she is also a part-time worker in the hospital kitchen. She works three hours a day at the drugstore. A Mr. Rosenberger who is on the maintenance staff of the hospital had something to do with the construction of the actual drugstore itself. Mr. Sakurai, the druggist is the consultant pharmacist for the hospital and he advises the Director of Nursing at the hospital on drug matters and ensures that drugs are available for the hospital's medical needs and he is paid a consultant's fee. In questioning Carrier, Mr. Evans made reference to a meeting of the Hospital Board held on March 14th, 1972 at which it appears that a resolution was passed to the effect that Mr. Sakurai would be paid $800.00 per month as at April 1st, 1972 as part of the expense of the drug dispensing function of the hospital. The evidence regarding Mr. Carrier's involvement with the drugstore is inconclusive and falls far short of establishing any conflict of interest. There is no evidence to suggest that Carrier in his position, qua administrator, derived any particular advantage in operating his drugstore that would be any different had he

not been a member of the hospital staff. There was no evidence that the drugs used in the hospital were obtained or wholesaled through Mr. Carrier's company. In essence it would appear that the hospital continued to supply its own drugs to its patients as it had in the past. Carrier's private drugstore simply functioned as a retail pharmaceutical outlet for persons other than patients of the hospital. It does not appear that there was any resident pharmacist in Fort Vermilion prior to Mr. Sakurai's arrival and I doubt if the volume of drugs dispensed through the hospital would have been of sufficient magnitude to justify the employment of a full time pharmacist. In my view, therefore, there was a distinct advantage to the community and the hospital in having a resident pharmacist available and doubtless this would not have occurred had Carrier not establish a retail drug business and had Carrier not hired a duly qualified pharmacist to operate the drugstore. Some dissatisfaction was expressed by reason of the fact that persons wishing to purchase drugs now had to pay retail prices at the drugstore, whereas previously they had been able to purchase them at a little above cost at the hospital dispensary.

Carrier mentioned in his evidence that when he left the navy he was a petty officer first class and as such was used to giving orders and when he gave a command or request he expected it to be carried out.

In his evidence Carrier stated that he was a hard worker and usually worked a 16-hour day. He expected his staff to do their job and to put in a solid 8-hour day. He agreed that in his zeal to run an efficient organization, he might tend to be impatient with others when he was in a hurry to get something done. Carrier agreed that perhaps some people might think his vocabulary was offensive. He conceded that because of his sense of humour, he might sometimes have made remarks that might be termed as "facetious" or which could be taken the wrong way by some people.

G. SUMMARY

The difficulty in Fort Vermilion seems to have stemmed from a combination of factors. A number of the native witnesses spoke in glowing terms of the warm relationship that existed between the Sisters of Providence and the native people during the period when the hospital was operated privately as a Roman Catholic missionary hospital. One or two of the native witnesses referred to it as "our" hospital. One can easily envisage how the native people would have been able to identify closely with the Sisters of Providence as they were undoubtedly as skilled at proselytizing the native population as they were in providing a high standard of hospital care. Furthermore they offered and encouraged a relationship which was grounded not solely on a hospital-patient type of relationship, but one that included the intimacy of shared religious expression. It is not difficult to visualize how this would have created a close relationship between the Sisters and the local native population. It appears, moreover, that the hospital had been established as a missionary hospital at a fairly early point in time. It would not be unreasonable to suppose that the turnover in staff at the hospital while under the aegis of the Sisters would be minimal. Familiarity and the effusion of time would tend to solidify this close relationship and encourage a greater degree of dependency on the part of the native population. The transition from the familiar and the paternalistic to the unfamiliar, impersonal and secular was not an easy one. New staff replaced the old, physical changes were made in the hospital itself, new routines and policies were implemented. The change in identity was probably a traumatic experience for the native population. There was evidence of some turmoil

and disunity on the part of the doctors appointed to the hospital staff. The fact that there have been four Administrators for the hospital since January 1st, of 1970, (the date of the takeover) would lend support to the suggestion that the first three years of the new administration may have been difficult and stormy, beset by lack of continuity, instability, rapid turnover of staff and policy changes. One cannot fail to recognize the vast cultural gulf that separates the white from the Indian. The clash was inevitable. The hospital-patient relationship presupposes mutual trust and understanding. The seeds of misunderstanding were sown on fertile ground. One can only marvel at the patience and perserverence of the Hospital Board and staff during these difficult years. The question must be postulated -- is the native population in Fort Vermilion prepared to pay the price of progress? Are they prepared to make the necessary adjustments and sacrifices for the promise of a more modern, efficiently operated, constantly up-graded, effective health care delivery system?

What was the role ordained for Carrier in this evolving drama? A glimpse into his background may be instructive. One will recollect that Carrier was hired on January 1st, 1971 and that prior to this he served as Hospital Administrator in Berwyn for five months. His stint in the Berwyn Hospital was preceded by an 18-month term as Administrator of the Slave Lake Hospital. It was in May of 1968 that he completed his two-year course in hospital administration at the University of Saskatchewan, Saskatoon Campus, Commerce Faculty. Carrier's naval career spanned a period totalling 25 years, and at least to some extent, it may be assumed that this experience would have exercised some ascendancy in molding his

outlook and attitudes for the years ahead. He left the navy as a petty officer, first class, and prophetically, his naval experience may have proved to be at once both an asset and a detriment. On the positive side of the ledger, it doubtless enabled him to gain a sense of organization, a feeling for clearly defined objectives. Naval people tend to make much use of the word "efficiency" and often it is used in conjenction with the noun in the phrase "an efficient ship". In the course of this training he would have been goaded to do his job "efficiently". This presupposes a sound knowledge of the technical side of things and the ability to muster certain skills in both himself and those under his charge in the fulfilment of certain objectives. Paramount in his training would be the emphasis on the necessity to act instinctively in the face of an emergency. Is not service training after all, basically nothing more than the acquisition of certain skills which, it is hoped, will enable one to play his part effectively in the art of preparing for war? It is interesting that Carrier should have described himself in his evidence as a "trouble shooter". This training in my view bore fruit in a positive fashion in later years when it enabled Carrier to galvanize the hospital staff into a state of preparedness in the face of impending disaster -- I refer to the bus crash incident which involved 27 children and two bus drivers -- to which reference was made earlier in this report. It is hardly arguable that his ability to react quickly and instinctively and to take command of the situation may well have averted serious loss of life. Fairness dictates that he be given due credit for his skillful and cool handling of this near disaster. On the other side of the ledger, it should be noted that the rank of petty officer, first class entails certain increased responsibilities and the

power to command those who were junior to him in rank. In turn he would be expected to obey without question commands directed to him by persons of superior rank. It seems to me that this, at least in part, may account for the basic flaw in Carrier's understanding of his role as Hospital Administrator. In the navy, his uniform and distinctive rank by tradition could be depended upon to compel instant obedience on the part of those subject to this authority.

Stripped of the visual trappings of his authority, on discharge from the navy, the metamorphosis to civilian administrator necessitated a readjustment to a relationship predicated on mutual trust and respect, the inventorying of new resources. Carrier seems to have operated on the assumption that he could function effectively as a hospital administrator without securing the goodwill or at least respect of a not insubstantial segment of the community with whom, of necessity, he would have to come into contact. A number of different adjectives and phrases were used by the witnesses to describe him. Several described him as being "rude". A number of the native witnesses remarked that he never "smiled at them". Others included "he looks mean" and "he never laughs". One witness complained that he ignored them or paid no attention to them. A number of witnesses used the adjective "impatient". In naval terminology he was described as "running a tight ship". Reference was made to the word "disciplinarian". Carrier seems to somehow have misunderstood the dual nature of skillful and effective management. The position of this Administrator was a particularly sensitive one and there is every reason to believe that at the time he arrived at the hospital, there was already an element of instability. Carrier impresses me as being the type of person who is energetic,

hard-driving and ambitious. He has taken policy initiatives and defined his goals. I have no doubt that his statement that he works 16 hours per day is true. There is more than a suggestion that he is reluctant to delegate authority which would perhaps give him the appearance of being officious. His constant striving for efficiency may well have monopolized his thinking to the point that he has been unable to articulate the fundamentals of a good relationship vis-a-vis some of the staff and patients. His relationship with the Hospital Board and the senior medical staff appears to be well founded. His inability to relate to some of the patients, especially native patients seems to stem from lack of appreciation or sensitivity to the patients' state of mind. In some cases, the native patients may have come over a considerable distance to be admitted to the hospital. They are undoubtedly apprehensive; they are surrendering themselves to the jurisdiction of the hospital which is basically an institution that is foreign to their experience; the hospital is dominated by staff that are predominately white; the patient may be concerned about the welfare of his or her spouse or young children; the suspicion that expense may be involved could well be a factor. The influence of the medicine man, even in this day and age, particularly for Indian persons coming from remote reserves, is a factor which should not be discounted. My observations of the Indian people, although necessarily limited, would lead me to believe that they tend, generally speaking, to be somewhat shy and somewhat apprehensive in the presence of some white men, especially where it is their first experience with materia medica. Language barriers are an impediment to good communication and understanding. Cultural differences are bound to appear. The Indian looks with disdain on the white man's slavish servitude

to the clock, time tables and routines centered within time parameters. Lack of exposure to the benefits to be derived from modern hygienic practices especially on remote reserves with limited services and facilities, is undoubtedly another factor. Carrier seems somehow to lack the patience, the sensitivity and the necessary empathy so as to enable the white-Indian relationship to evolve harmoniously. This hospital serves what is predominantly a native population and the administrator sets the tone of the administration. The antipathy manifested by some of the witnesses, especially the native witnesses must, to some extent, be traced to the foregoing factors. The evidence is clear that Carrier is, in the strict sense of the word, an "effective" administrator. Dr. Frank Silversides was called as an expert witness by counsel for the Hospital Board and the Alberta Hospitals Association. He has had 18 years experience in running hospitals as administrator and is the special projects officer with the Department of National Health and Welfare,in which position he has had considerable experience in small Northern hospitals. He is an official inspector for the Canadian Council on Hospital Accreditation. In his words "the administration of the St. Theresa Hospital is equal or better to other hospitals that I know of and I feel that Carrier is a capable administrator and that the hospital is well administered and well run". Inevitably he cited deficiencies in the physical facilities. In terms strictly of administration, Carrier would probably be a hard man to replace. If he can be made to understand that the pursuit of a high standard of efficiency is a means to an end and not the end itself then I think the community would be well served. One must remember that Carrier is in a rather unique position. He is the only Hospital Administrator in the immediate

area. He does not have immediate access for advice and counsel to people with greater experience in the same field. It may well be that if Carrier is given the opportunity to undertake some formal instruction in personnel relations that he would benefit thereby. Moreover, it might be beneficial if he was encouraged to consult with a duly qualified industrial psychologist so that a psychological assessment or profile could be prepared which would then be of assistance in enabling Carrier to identify his own resources and areas in which weaknesses in administrative skills occur. Carrier impresses me as being the type of person who can learn from his mistakes, and it may well be that his experience in being subjected to this Inquiry may have had a chastening effect on him to the point where he will perhaps realize his shortcomings and attempt to rectify the situation. It is noted that the Hospital Board expressed considerable faith in Mr. Carrier's ability. Furthermore a number of the staff both white and native acknowledged overall improvement in the hospital since his arrival. His constant efforts to improve the facilities and expand the services offered by the hospital and to improve the quality of its medical care cannot be disputed.

I am troubled by the evidence of two of the witnesses, both of whom were native whose evidence adverted to disparaging and abusive remarks attributed to Carrier. Emma Smith (14) stated that Carrier used the term "welfare bums" with reference to a native person who had a welfare voucher. Also attributed to him was the statement relating to the Indian girl who was on the staff of the hospital but who had failed to show up for work -- "well to hell with them, they can all go back to the reserves and make babies if that's what she wants". Iola Ducharme (41) in her evidence stated that Carrier "treated his staff like dirt under his feet". She also referred to

the statement reputed to have been made by Carrier with reference to the native baby who had just been discharged from the hospital -- "throw the baby out into the snow bank". She also refers to a statement reputed to have been made by Carrier in the cafeteria when they were having coffee, after Carrier had returned from a meeting with the Four Band Council Chiefs -- "I never knew whether there would be an arrow pointed in my back or a knife pointed towards me". This witness also stated that Carrier made reference to the Indians by the use of the term "savages". There can be no doubt that if these statements were made by Carrier regardless of the circumstances, they were highly disparaging and unsavory and out of keeping with the standards of conduct which one would expect from a person in Carrier's position especially in this sensitive area which was peopled by persons of differing racial and religious backgrounds. Noteworthy as well is the fact that a number of the members of the staff both native and white and also some of the patients both native and white spoke favourably of their treatment in the hospital during Carrier's term of office. There is, therefore, inevitably some conflict in evidence. The reference to "welfare bums", although, uncomplimentary, is not identified in any sense uniquely as an adjective incorporated in a description of Indian persons. It must be remembered that most of the people that Carrier came into contact with in Fort Vermilion, either as in-patients or as out-patients, were Indian persons and Carrier being an industrious, hard-working and energetic type of individual would understandably lack patience and perhaps understanding with respect to someone who was unemployed or in need of welfare assistance. The use of the phrase by Carrier, it seems to me, is simply a

projection of his distaste for persons who may in his mind lack industry or initiative and who depend on the public purse for their support. Having had some opportunity to assess Carrier, I am not sure that he would not have used the same phrase in relation to a white man, had a white man appeared on the scene under similar circumstances. The other statement referred to by Emma Smith -- "well to hell with them they can all go back to the reserves and make babies if that's what she wants", would seem to betray Carrier's disappointment that the girl in question had not lived up to his expectations or had been irresponsible in not returning to the hospital to maintain her employment. Carrier set high standards for himself and he undoubtedly would tend to use his own work habits as a criterion by which to judge others. His disappointment when they failed to measure up to his standards would evoke in him disappointment and frustration. He has difficulty in accepting the fact that our objectives do not always coincide. The fact that he continued to hire native girls to the staff would certainly refute any suggestion that he practiced any form of discrimination as between whites and non-whites in selecting his personnel. I am sure the problem of obtaining good help would be as prevalent in this community as it undoubtedly is in other small northern communities and I am sure that Carrier would have based his decision to hire or not to hire someone on considerations other than racial. The statement is certainly disparaging and thoughtless. My view is that, although the phrase uses the plural pronoun, it must be remembered that the statement was made in reference to a particular individual and some allowance must be made for discrepancies due to the diminishing power of recall in witnesses brought about by the effluxion of time. Emma Smith made reference to another statement attributed to Carrier in which I made reference previously under the section dealing with complaints, the statement being "how much is so and so (the father of the girl) charging for his daughters these days". Although certainly objectionable and unwarranted, it

would seem to be the kind of statement that would have been intended to relate to a specific person. In this case, it would seem that the invective was directed towards a particular individual or perhaps her family, the circumstances being that this particular girl had recently had a baby and was back in the hospital again a short time after the delivery of her first baby and on her second visit she was again pregnant. I am bound to look to the words themselves and they must be considered in the light of the circumstances under which the statement was made.

The statement by Iola Ducharme that "he treated his staff like dirt under his feet", is certainly not susceptible of close analysis as no circumstances whatever were related by the witness as to the time or place where this statement was allegedly made, the circumstances under which it was made, nor was any specific incident referred to by the witness to support her allegation. She did not amplify or reveal how he was supposed to have treated his staff like "dirt under his feet", nor did she identify any staff thus treated. Moreover, it does not accord with what I consider to be acceptable evidence both from white and non-white persons to the effect that Carrier did not reserve one type of treatment for Indian persons and another type of treatment for white persons. The other statement referred to by this witness attributed to Carrier -- "throw the baby out into the snow bank" is certainly in very bad taste, however, again no reference was made to the time, the place or the persons involved, nor was there any evidence before the Inquiry by any parent of the child referring to a similar complaint. Carrier has admitted himself that on occasion he was guilty of "light" comments. This may well have been another such example. His reference to the "arrow being pointed at his back or the knife pointed towards him" could be placed in a similar catagory. The remarks are no doubt tasteless and unthinking. His reference to Indians as being "savages" was adverted to by Iola Ducharme without any reference whatsoever to

any facts which would identify the particular incident or occasion. She did not state to whom Carrier was specifically referring. She did not state when he made the statement or did not relate any of the circumstances under which the statement was allegedly made. Although, on its face the description is certainly abusive, I do not feel that I am entitled to speculate as to the circumstances under which the statement was made and where the bald allegation is made unsupported by any evidence of surrounding circumstances, I am bound to question the authenticity of the allegation. It must be remembered that the difficulty between Carrier and a certain element of the local native population was the number one topic of conversation in the Fort Vermilion area for a period of approximately one year from the Spring of 1972 until the commencement of this hearing in May of 1973. The stories, the incidents, the allegations, the complaints would be told and re-told and exchanged to the point where their origin may well be obscure. The fire already fueled with mistrust and resentment was being constantly refueled by newer, more dramatic allegations. Feelings were running high and under these circumstances, facts may tend to be confused with fiction. Strong feelings cause the particular circumstance or incident to be overly dramatized and to take on dimensions which would make the original complaint or incident unrecognizable. One must remember that Carrier was placed in a particularly difficult position by this Inquiry. He was required to sit silently for five days while a number of persons gave evidence relating in one way or another to a multitude of alleged complaints directed towards him personally. Much of the evidence was based on hearsay. Feeling and fact were intermingled and after all the evidence of the complaints was introduced, Carrier was put in the position of having to deal with each of the complaints individually. Some of the complaints were particularly vague, making the particular incident, due to lack of detail, difficult to identify. Lacking all of the evidence or the details surrounding a particular incident or statement, it would be very difficult for Carrier to put in full answer and defence.

It seems to me that this kind of a remark -- and I refer to the evidence of Emma Smith and Iola Ducharme -- is consistent less with the type of discrimination which I have discussed heretofore, than it is with Carrier's characteristic method of reacting when confronted with situations involving stress and frustration. This seems to stem partly from his inability to be able to recognize cultural differences that can lead into situations involving conflict and disappointment. His lack of patience in frustrating situations would also seem to be a factor. He has, moreover admitted a weakness for "light" or "facetious remarks. The evidence would seem to indicate that when these remarks are made, they coincide with situations when Carrier is under stress or faced with disappointment. This may, in turn, engender anger on his part which ill occasionally find expression in the form of expletives, sometimes of an unsavory nature. It would seem that these situations are infrequent or they would have been the subject of complaint by more than two witnesses. Contrasted with this is the evidence by a number of patients and members of the staff both native and non-native that they were fairly treated while at the hospital. Carrier's judgment, had it not been clouded by an excess of emotionalism, should have warned him that some of his remarks could well have been taken by native persons to be an uncomplimentary reflection on their native background. His strenuous efforts to improve hospital care for what was essentially a native population, his welcoming of native persons to his staff, are factors which militate against construing his occasional emotiona outbursts as symptomatic of an innate prejudice against native persons. It will be recalled that he had "differences of opinion" even with the senior medical staff at the hospital.

In fairness to Carrier and in obeisance to well established principles of justice, and the onus of proof in civil matters, I have resolved any doubt in my mind in Carrier's favour where the evidence was ambiguous or inconclusive or susceptible to a number of different meanings. I have strived to resist the

temptation to fill in the voids in the evidence by mere speculation, although, where circumstances have justified, I have drawn what I believe to be fair inferences from the evidence adduced.

It was clearly evident at the commencement of the hearing on the 22nd of May, 1973 that the local population was in a highly emotional state and the situation was somewhat tense. The community was split pro and con. Even families were divided. This was evident from the manner in which some of the witnesses testified and the reaction and response to the evidence as it was given by those in attendance in the packed court room. Although highly charged at the beginning of the Inquiry, as the hearing drew to a close, there was a noticable diminution of tension in the atmosphere and by the last day of the hearing it seemed to me that those who participated in the Inquiry, whether as observers or witnesses tended to be much more relaxed and perhaps more thoughtful as well. At the commencement of the hearing the hostility and antipathy towards Carrier personally by some members of the local native population was readily apparent. Feeling in the community was such that the situation had become polarized and the position of each of the protagonists had hardened to the point where there was little rapport which could be used as a basis for negotiations between the parties leading to discussions likely to resolve the problem. It was very difficult, after having heard all the evidence of the complaints, to reconcile the degree of intensity of feeling that pervaded at the opening of the Inquiry with the seriousness of the complaints alleged by the various witnesses. It became painfully obvious that other factors had been allowed to detrimentally influence the turn of events. To put the matter another way, there were contributing factors which tended to aggravate the situation and to well nigh destroy any remaining objectivity. Reference has been made earlier in this Report to the Petition which was circulated in the Fort Vermilion area in the Spring of 1972. As indicated earlier it contained simply a plea for the installation of a Government appointed

Trustee for a period of one year to replace the existing administration. There was evident deception in the soliciting of the signatures -- some signatories were lead to believe it was for the purpose of establishing an old folks home, others were deluded by the belief that it was for the purpose of obtaining a separate school locally for highschool grades. It contained no preamble or recitals whatsoever and purposely or otherwise it was devoid of any clue as to why it was that an official Trustee was being sought to replace the existing administration. The evidence indicates that Mr. Warren Paul, the President of the local Metis Association and Mrs. Maureen Pritchard were prominent in its diffusion. The lack of any detail or preamble or any stated purposes for its objective could lead only to misconception and confusion on the part of those who became signatories thereto. The confusion would be compounded by the particula slant of each individual who assumed responsibility for the soliciting of a certain number of signatures. What were the objectives which motivated the people who were instrumental in initiating this Petition? What essentially did they hope to achieve by replacing the administration with a Government appointed Trustee? Were they oblivious to the effect that the circulation of this Petition would have in a small community where the embers of dissatisfaction and resentment were beginning to smolder? The evidence would seem to establish that a copy of the signed Petition was not, in fact, ever actually delivered to the Hospital Board until sometime in 1973. The method by which some of the signatures were obtained, the deliberate silence of the Petition itself as to the reasons why it sought to replace the existing administration, the apparently deliberate attempt to avoid communicating the purpose and object of the Petition to the members of the Hospital Board -- all of these factors seem to cast such an aura of suspicion about the whole matter, that I feel impelled to question whether or not its creation and circulation were not prompted by some motive

other than a sincere desire to bring about a constructive and positive solution to the problem. No right-thinking person could have concluded otherwise than that the circulation of the Petition at that particular time and place and under the circumstances than prevalent, would not contribute substantially to the magnification and intensification of antipathy, distrust and division. When apprised of the incipient discontent with the Hospital Board and the Administrator, the Chairman of the Hospital Board, Mr. Newman wrote to Mrs. Maureen Pritchard and Mr. Warren Paul under date May 10th, 1972 referring to the complaints regarding the management of the hospital and urging the addressees to communicate the complaints to the Hospital Board and at the same time the letter invited representations to be made at the Board meetings. It is significant that both Mrs. Maureen Pritchard and Mr. Warren Paul refused to pick up these letters at the post office when they were notified that registered letters were awaiting them at the post office. The envelope clearly indicated that the letters emanated from the St. Theresa General Hospital. It will be recalled that although the Petition was circulated in the Spring of 1972, there was not, in fact, a meeting involving representatives of the Hospital Board and the local Metis population until October of 1972. The deliberate refusal of Mrs. Maureen Pritchard and Mr. Warren Paul to respond positively to the request by the Board for a meeting to air these complaints, is, it seems to me, an indication of a lack of good faith and consistent more with an attempt to resort to agitation and to inflame an already difficult situation rather than a sincere attempt to try to understand the problem and to open a channel of communications to the Hospital Board so that the problems could be aired and grappled with in an atmosphere of mutual trust and reason.

During the course of giving her evidence Mrs. Pritchard was asked if she ever tried to arrange a meeting with the Hospital Board prior to the meeting with the Board on October 24th, 1972 and her answer was, "not personally". She was also asked if she had ever tried to arrange a meeting with the Board prior to circulating the Petition and her answer was "no". Mrs. Pritchard being a white person and apparently having the trust of the local Metis population, and occupying a position of influence within the local Metis community, and having, through her husband's previous experience as Administrator of the hospital, some knowledge of the problems of running a hospital, was in a particularly good position to exercise a positive and moderating influence on a potentially explosive situation at its incipient stage. She not only failed to do this but she actively participated in and encouraged the type of agitation which could only further aggravate the situation and render the possibility of a reasonable solution to the difficulty more remote. The fact that Mrs. Pritchard attended the meeting between the representatives of the local Metis Association and the Hospital Board in October of 1972 leads me to believe that her involvement with the local Metis population in this particular activity was with the full approbation and encouragement of the local Metis organization or at least a segment thereof. It is also noted that she was instrumental in contacting the radio station in Peace River, CKYL in which she evidently made allegations of discrimination in the hospital and this was reported by the radio station. The letter that was authored by Mrs. Pritchard (Appendix "E") which accompanied the Petition marked in evidence could only be described as illconceived immoderate and inflamatory, example: "I repeat that Carrier's behaviour is atrocious. The existing Hospital Board's attitude is atrocious. The Mafia has more principal than this

administration and board". Mrs. Pritchard impressed me as the type of person who had some leadership ability and perhaps a degree of articulation. It is regrettable that she did not see fit to utilize these talents in trying to promote good faith and understanding between the parties. For her failure to do so, she must be held accountable to some extent for the difficult situation that ensued. I feel that the local Indian and Metis population were ill-served by Mrs. Pritchard's active intervention. For reasons known only to herself, she chose to pursue and encourage a vendetta against Mr. Carrier and the Hospital Board and her course of conduct would seem to imply that she was completely oblivious to the fact that she was compounding an already difficult situation.

Mr. Newman, the Chairman of the Hospital Board indicated that he first heard about the Petition in May of 1972, although he isn't sure just how the information first came to his attention. As soon as he heard about it he went to see Warren Paul as he knew Warren Paul had some connection with its circulation. He asked Mr. Paul to show him a copy of the Petition which he did. Mr. Paul then showed him a copy of the Petition which was blank except for the heading at the top. No signatures were subscribed to the Petition and it indicated dissatisfaction with the Administrator. Mr. Newman's evidence was that the Board did not actually see the signed Petition until sometime in January of 1973 and the only reason they were able to see the Petition was by virtue of a request to Mr. Al Adair, the M.L.A. for that area who furnished the Board with a copy. At the time that Mr. Newman spoke to Mr. Paul, it was when Mr. Newman was on the way to a meeting of the Hospital Board and he asked Mr. Paul to come to the meeting with him. Mr. Newman stated that he thought that if Warren Paul

had dissatisfaction with the Hospital Board or with the Administrator that it should be discussed by the Board. Mr. Newman states "Mr. Paul indicated to me he wasn't prepared to come to the Board meeting and I said that was fair but would he come at another time or would he indicate to me another time that would be more suitable." Warren Paul asked Mr. Newman if he would be allowed to bring someone else with him and Mr. Newman replied "most certainly you can bring anyone you wish". "We would be glad to discuss it." and Newman states that Paul indicated to him that he would do so. Mr. Newman then reported this conversation to the Hospital Board in consequence of which letters were sent to Mr. and Mrs. Warren Paul and Mr. and Mrs. Pritchard. These were the letters that Mrs. Pritchard and Mr. Paul refused to accept when advised by the postal authorities that there was registered mail addressed to each of them available to be picked up. The evidence indicates that when the representatives of the local Metis Association met with the Hospital Board in October of 1972, they related to the Board verbally some of the complaints that had been transmitted to the local Metis Association. The Board in turn requested that the representatives of the Metis Association obtain written complaints from each of the complainants and then submit these complaints to the Board for its consideration. In his evidence, Mr. Paul states that in response to the Board's request he went around to see the various complainants and obtained written complaints and when asked what he did with these complaints, he stated that he delivered them to Roger Cardinal, the Executive-Director of the Metis Association of Alberta instead of forwarding them to the Hospital Board as requested, so that the Hospital Board would be given an opportunity to consider these

complaints and to take appropriate action. When Warren Paul was asked during the course of the Inquiry why he never gave the Hospital Board copies of the written complaints, his answer was that he didn't think they should receive them because he just thought they "would play around with them and wouldn't do anything about it". Later on he said he never went to discuss these complaints with the whole Hospital Board because he thought "this would be a waste of time after talking to the Chairman and not getting any results from the discussion". One would have expected that the interests of the local Metis population would have been best served if the local Metis leaders had attempted to exhaust every possibility of resolving the difficulties posed by the complaints and the Petition on a local basis by meeting with the Board of the hospital so that there could be candid, frank discussion about the subject matter of the complaints, and if the Board had then refused to take any appropriate action, then alternate remedies could have been considered and pursued. Instead, Mr. Paul as the President of the local Metis Association chose to side step the local Hospital Board and submit the complaints to the leaders of the Metis Association of Alberta. The evidence when looked at in its entirety, satisfies me that the Hospital Board evinced good faith and sincerety in attempting to deal with the difficulties and by inviting the local Metis leaders to meet with the Board to discuss the complaints so that the Board could attempt to resolve the difficulties. It appears that at the meeting held in October of 1972, the representatives of the local Metis population recited orally the various complaints that they had received. The Board, in turn, requested that these complaints be reduced to writing which I think was a perfectly fair request so that they could be examined and

screened and assessed from the point of view of their credibility and authenticity. The local Metis leaders as indicated above did not respond positively to this suggestion and simply forwarded the written complaints to the Executive of the Metis Association of Alberta. The evidence suggests that the local Metis leaders, rather than offering to sit down with the Board members to discuss the problem and to seek alternate solutions, simply delivered an ultimatum which was to the effect that Mr. Carrier must be fired. No attempt has been made to screen the complaints or to establish their veracity or authenticity and the Hospital Board, much to its credit, refused to be intimidated and refused to submit to pressure to fire Carrier until they were in a position to examine written complaints and satisfy themselves of the validity or authenticity of the complaints. The stubborn insistence by the Metis representatives that Carrier be fired obviously precluded any further discussion or attempts to solve the problem or to explore other avenues so that a compromise could be reached. It became evident at the conclusion of the Inquiry that many of the complaints were ill-founded, unsubstantiated, and in some cases of a trifling nature. I am disappointed that the local Indian and Metis leaders, out of a sense of fairness, did not attempt in any way to screen these complaints or to verify their authenticity or veracity, nor does it appear that they ever asked Carrier for his side of the story. It appears that they simply accepted them at face value and forwarded the written complaints to the Metis Association of Alberta and the Indian Association of Alberta. One would have expected that if Mr. Warren Paul had, at heart, the best interests of the people who elected him as leader, he would have explored and exhausted every possibility of trying to resolve the difficulty at the

local level in a spirit of mutual trust, sincerety and goodwill. Regrettably, his course of conduct suggests that he was more interested in embarrassing the local Hospital Board and subjecting it to injustifiable pressure. It necessarily follows that the conduct of Mrs. Pritchard and Mr. Paul and the other persons who acquiesced or approved of their course of conduct contributed to a heightening of the mistrust, and antipathy that culminated in the decision to constitute this Committee of Inquiry.

Reference was made earlier in this Report to a meeting which was held in April of 1973 at which were present the Chiefs of the Four Band Councils and Mr. Don Cardinal, the Northern Vice-President of the Indian Association of Alberta. The purpose of the meeting was to discuss alternate courses of action in relation to the complaints that had been received by the Indian Association with respect to the administration of the St. Theresa Hospital. As a consequence of this meeting the joint resolution of the Four Band Councils dated April 8th, 1973 addressed to the Honourable Peter Lougheed, Premier of the Province of Alberta was prepared and transmitted. (This appears as Appendix "G" to this Report.) A consideration of the role of the Indian Association of Alberta in this difficulty necessitates an examination of the situation in Fort Vermilion as it existed in April of 1973. It is clear from the evidence that the Indian Association of Alberta, upon being apprised of the difficulty in Fort Vermilion, and upon receiving copies of the written complaints, felt that the only course of action open to them was an appeal for political action through the medium of the office of the Premier. The evidence is clear that the representatives of the Indian Association of Alberta made no attempt to resolve the difficulties on a local level with the local

Hospital Board. The following question and answer extracted from the evidence of Mr. Harold Cardinal is, I think, telling:-

> "Q. Are you suggesting, sir, that matters such as this should be settled at the local level? Did the Indian Association make any attempt to settle this particular dispute on the local level?"
> A. No I don't think we met with the Board and I suppose that's what you are getting to to try and resolve this largely because in our examination of the situation it appeared and certainly the hearings have confirmed that there have been two pretty hard positions taken, one by the Board and one by the people involved in the other side of the controversy and given that situation we requested a form of arbitration that would hopefully bring both parties together which is, as far as I am concerned, the purpose of this inquiry."

Mr. Cardinal's assessment of the situation as of April, 1973 may well have been an accurate one and it may well have been that at that point in time any attempt on the part of the local Hospital Board and the representatives of the Indian Association to get together to try to resolve the problem amicably may have been fruitless, however, it should be recognized that the upheaval in Fort Vermilion was essentially a local problem. The Metis Association had its local organization in Fort Vermilion presided over by its locally elected President. The Indian Association of Alberta had it's Northern Vice-President and the Four Band Chiefs who were on the spot and could be expected to be familiar with the local situation. The protagonists in this dispute were, in fact, local people who came from the Fort Vermilion area and surrounding environs. The Hospital Board, although not strictly elected representatives were, in fact, locally nominated as were the members of the Advisory Council for Improvement District No. 23. Although Mr. Harold Cardinal's assessment of the situation as at April of 1973 was probably not unrealistic, as yet unanswered is the question of whether or not at some point in time prior to April of 1973, it would have been possible for the local representatives, given a certain

amount of goodwill, to have sat down together and endeavoured to discuss a means to resolve this problem as a first step to a possible solution. This could only have been accomplished had the non-local officers of the Indian Association of Alberta and the Metis Association of Alberta refused to permit themselves to become drawn into what was, as I have stated, a strictly local problem. Little would have been lost had this course of action been followed by reason of the fact that had the efforts to resolve the problem locally not proved productive, then the parent associations could still have intervened at a non-local or higher political level. By arrogating this local problem until their senior provincial officers, the Metis Association of Alberta and the Indian Association of Alberta denied to the local representatives of these two organizations and the local Hospital Board the opportunity to assume responsibility for exercising their problem-solving function. As local people, they could have expected to be familiar with the local problem. They would know the people involved, they would be better informed in relation to the circumstances which gave rise to the difficulty. Local autonomy should, wherever possible, be respected. The potential danger of removing from local authorities, their responsibility in difficult situations and leaving them to wrestle only with the more easily dealt with local problems, is obvious. Moreover, the projection of a purely local problem to the higher provincial level tends to obfuscate the problem even more. The elevation of the problem to a higher provincial level may tend to create an undue amount of publicity which could easily have the effect of distorting the situation and blowing it out of all proportion. Communications problems are exacerbated. Non-local people who are unfamiliar with the local scene and the local population must set fact-finding machinery into operation so that they are

in as good a position as the local people to gain the necessary perspective and objectivity. This is time-consuming and involves more delay. Self-determination on a higher level in a democratic society must presuppose exposure to the grist mill of experience and learning on the part of that most elemental and pristine unit of self-determination -- the unicellular locally-elected body. The alternative -- a form of autocratic elitism -- is anathema to our concept of self-determination. It is not my intention in any way to derogate from the responsibility of senior provincial officials of the Metis Association and the Indian Association to exercise their respective functions as spokesmen and lobbyists with respect to the surrogate aspect of their function and responsibility, nor have I overlooked the fact that it was the local representatives of the Indian Association and the Metis Association who exhorted their parent organizations to intervene on their behalf.

The following questions and answers extracted from the evidence of Mr. Jack Newman, Chairman of the Hospital Board poignantly illustrate the Board's evident frustration in being bypassed and their obviously sincere desire and willingness to assume, however, burdensome the responsibility for grappling with the complaints.

"Q. Mr. Newman, do you think this trouble could have been avoided if the Board had been kept better informed about -- that is the complainants had come directly to the Board instead of the circulating petitions and going about in the round about way?

A. I felt if the Board would have been involved in the complaints of those people, if they had been brought to the Board at a local level, I am positive the Board would have made every effort to resolve them. We represent local people. We are local people ourselves. It is our duty to respond to the legitimate complaints of local people. I think we

> would have responded if we could have been assured that these complaints were genuine, I think many of these complaints are communication matters, we could have improved these matters of communication. I believe sincerely and I believe the rest of the Board supports me, that had we been brought into this by these people, by the people who expressed discontent and we would have made every reasonable effort to resolve them between the Board and the people of this area."

H. CONCLUSIONS

Although I have no doubt that some of the complainants who testified were doubtless pursuaded that they had been the victims of discrimination, I cannot conclude on the basis of the evidence before me that, in fact, discrimination as heretofore defined was, in fact, practiced either by Mr. Carrier or any other member of the hospital staff. The evidence of what I consider to be reliable witnesses both native and white tends overwhelmingly to refute this allegation. Some of the complaints of a non-discriminatory nature appear to have been advanced with justification and these I have dealt with earlier in this report. Where the evidence has left me in doubt, I have attempted, in fairness to Carrier, to resolve the doubt in his favour in accordance with the burden of proof generally adopted in civil matters, to which I referred earlier.

I have touched on the subject of the quality of the administration of the hospital and the evidence both expert and otherwise, more than satisfies me that the present Board and the hospital staff at all levels understand fully their responsibilities and are prepared to continue to devote their energies and abilities to the ideal of providing a high standard of health care and service to the community, concomitant with the availability of adequate physical resources. Due to the peculiar history of the Fort Vermilion Hospital, and recognizing the fact that it serves what is predominantly a non-white or native population, I would

hope earnestly that continued efforts would be made to encourage the employment of more native staff at the hospital at all levels. This will help to alleviate situations where bad communications and misunderstandings occur. It would undoubtedly help to alleviate the language problem. Consideration might also be given to the establishment of scholarships to native persons to enable them to undertake the necessary formal training. The scholarships could be jointly funded by both public and private funds. Greater representation by both Indians and Metis on the Hospital Board, would I think, be salutary. Certain consequential amendments may be required to existing legislation and consultation with the appropriate federal jurisdiction and the Indian Association of Alberta would probably be required. My short seven-day stay in Fort Vermilion and the limited contact that I had with the community have sustained me in the belief that the majority of the right-thinking people in this community, both white and native, will continue, as in the past, to support this hospital and its administration to the end that the community will derive substantial benefit by the assurance of the continued availability of a modern, constantly improving system for the delivery of a high standard of hospital and medical care.

Recriminations must now be cast aside and replaced with trust and goodwill in order that the community and the administration may strive with mutual respect and support to achieve harmony and stability in the operation of this most valuable facility. The constant pursuit of excellence in the provision of high quality hospital care, by the total community working in concert, and in a spirit of co-operation, will repay itself a thousand fold in benefits to this community. Highly qualified

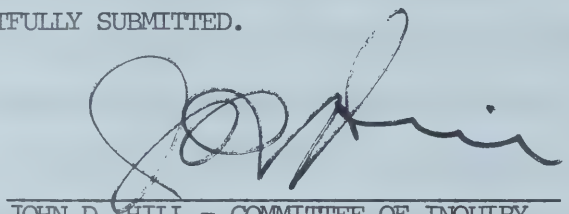
staff will continue to be attracted by the positive and forward looking aspect of this focal point for the community. Newer and better facilities and services will be provided. What greater challenge to a community and its leaders than to have it close ranks and let this symbol of hope and healing stand as a shining symbol of the forging of the bond of brotherhood -- Indian and white man working side by side for the betterment of man -- a proud and noble heritage for the generations to come.

I. ACKNOWLEDGEMENTS

In concluding, I would like to express my deep appreciation to all of the witnesses who participated in the Inquiry and who, in some cases, did so at some discomfort and expense to themselves. I refer to those witnesses who, on their own resources, came some distance to testify and who perhaps may have been required to wait a day or two until their turn came to testify. I wish to acknowledge my appreciation to these people for their patience and their co-operation throughout the hearing which enabled it to be conducted with dignity and decorum. To the counsel who were present and who assisted in the presentation of the evidence, I wish to acknowledge my sincere gratitude and appreciation both for their very able assistance during the course of the Inquiry and also for the fairness and tact which they demonstrated throughout the Inquiry consistent with the highest standards of their profession. I wish to acknowledge a particular debt of gratitude to Mr. Sydney Bercov, who was appointed Counsel to the Committee of Inquiry, both for his able assistance in the preparatory steps leading up to the Inquiry and at the Inquiry itself when he displayed a rare degree of tact, understanding, fairness and courtesy

in his examination and handling of the various witnesses. His delicate and gentle manner in dealing with the witnesses aided considerably in minimizing anxiety and apprehensiveness on the part of witnesses, especially native persons to whom this kind of an inquiry was foreign. My thanks are also due to Dr. J.E. Bradley, Chairman of the Alberta Hospitals Services Commission and his staff for their splendid co-operation and assistance prior to and throughout the Inquiry. To those who extended hospitality to both the writer and the other counsel in attendance, I express my profound thanks and gratitude.

ALL OF WHICH IS RESPECTFULLY SUBMITTED.



JOHN D. HILL - COMMITTEE OF INQUIRY

October 12th, 1973.

APPENDICES

A. Order in Council 544/73

B. Notice of Hearing

C. List of Witnesses

D. List of Witnesses not Appearing

E. Letter to Messrs. Willows and Ward dated May 15th, 1972 from Mrs. Maureen Pritchard

F. Letter to Mrs. Maureen Pritchard dated May 10th, 1972 from the Hospital Board

G. Resolution of Four Band Councils

Approved and Ordered,

LIEUTENANT GOVERNOR

O.C. 544/73

Edmonton
April 10, 1973

WHEREAS a public controversy has developed over the administration at the St. Theresa General Hospital of Fort Vermilion, Alberta; and

WHEREAS a number of interested groups and individuals have made diverse allegations and have requested that an investigation be carried out into the conduct and management of the hospital and in particular have requested the replacement of Ephriam J. Carrier as Administrator of the said hospital:

THEREFORE, upon the recommendation of the Honourable the Minister of Health and Social Development, the Lieutenant Governor in Council, pursuant to section 39 of The Alberta Hospitals Act, orders as follows:

1. A committee of inquiry is appointed consisting of

   JOHN HILL

   for the purpose of inquiring into the aforesaid public controversy and allegations in respect to the management of the ST. THERESA GENERAL HOSPITAL of Fort Vermilion, Alberta, as administered by Ephriam J. Carrier and reporting thereon to the Minister of Health and Social Development;

2. Actual out-of-pocket expenses for travelling and subsistence shall be paid as well as such remuneration for preparation and conduct of the said inquiry as may be approved by the Lieutenant Governor in Council;

3. All expenditures shall be charged to Appropriation 2402.

CHAIRMAN

N O T I C E O F P U B L I C I N Q U I R Y

PURSUANT TO O.C. 544/73

Re: Administration of

St. Theresa General Hospital
Fort Vermilion, Alberta

1. WHEREAS a public controversy has developed over the administration of the St. Theresa General Hospital of Fort Vermilion, Alberta; and

2. WHEREAS a number of interested groups and individuals have made diverse allegations and have requested that an investigation be carried out into the conduct and management of the hospital and in particular have requested the replacement of Ephriam J. Carrier as Administrator of the said hospital; and

3. WHEREAS a committee of inquiry was appointed by the Lieutenant Governor in Council on April 10th, 1973 pursuant to Section 39 of the Alberta Hospitals Act consisting of

JOHN D. HILL

for the purpose of inquiring into the aforesaid public controversy and allegations in respect to the management of the ST. THERESA GENERAL HOSPITAL of Fort Vermilion, Alberta, as administered by Ephriam J. Carrier, and to report thereon to the Minister of Health and Social Development;

TAKE NOTICE that a public hearing will be held at Fort Hall, Fort Vermilion, Alberta commencing Tuesday, May 22nd, 1973 at 10:00 a.m. The hearing will continue for as long as necessary to enable all interested parties to be heard. Anyone wishing to testify may appear in person and may have counsel present. Anyone wishing to testify at the hearing is asked to submit their name and address to Commission Counsel at the undersigned address in advance of the hearing.

DATED at the City of Edmonton, in the Province of Alberta, this 1st day of May, 1973.

S.A. BERCOV
Barrister & Solicitor
201 Imperial Bank Building
Edmonton, Alberta
Counsel to the Inquiry

JOHN D. HILL - Committee of Inquiry
711 Empire Building
Edmonton, Alberta

LIST OF WITNESSES CALLED IN ORDER OF APPEARANCE

1. J.A.W. Newman
2. Louise Beaulieu
3. Mary Gatlin
4. Jean Murtagh
5. Ella Cardinal
6. Dr. Frank Silversides
7. Mike Cardinal
8. Emile Cardinal
9. William Cardinal
10. Isadore Gladue
11. Bella Gladue
12. Alice Konda-Martel
13. Justine Friesen
14. Emma Smith
15. Stella Cardinal
16. Pierre Auger
17. Maggie Mitchell
18. Henry Cardinal
19. John McLean
20. Ida McLean
21. Metcha Martel
22. Marina Wasp-Colin
23. John Flooren
24. Warren Paul
25. Barbara Mercredi
26. Harold Cardinal
27. Don Cardinal
28. Frank Flett
29. Maureen Pritchard
30. Stephen Pritchard
31. Gary Parenteau
32. Doris Martens
33. Donna Wanotch
34. Adam Wanotch
35. Reverend Robert Rolls
36. Dr. Russell Wiebe
37. Lorna Ferguson
38. Iola Clarke
39. David Spencer
40. Stanley Smith
41. Iola Durcharme
42. Helen Mitchell
43. Lucy Salopree
44. E. Carrier
45. Stan Daniels

LIST OF WITNESSES CALLED BUT NOT APPEARING

Henry Cardinal
Lena Cardinal
Loretta Cardinal
Lucy Didzena
Mary Lee Bourgeous
Ernest Smith
Melvin Mitchell
Frank Wanotch
Nicole Gladue

APPENDIX "E"

Box 115,
Fort Vermilion, Alberta
May 15th. 1972

Mr W. Willows. Secretary
Mr E. Ward. Elected Member
I. D. 23 Advisory Board

Gentlemen of The Board:

In view of the fact tha t the Fort Vermilion Hospital Board has been declared illegal by the Honourable D. Russell, Minister of Municipal Affairs and a possibility exists of the same Hospital Board being re-appointed, I would like to bring to your attention the attatched copy of a petition, though not completed is self explanatory. The Honourable Minister of Municipal Affairs will have the original in his possession. Be assured that each person that signed the petition is fully aware of what an Official Trustee for this Hospital means. There were many reasons for signing.

RE-APPOINTMENT OF THE PRESENT HOSPITAL BOARD

1. This appointed Board is answerable to no one.
2. No meetings with the public in 2½ years ?
3. No financial statements made available.
4. No statistical reports made available.
5. In 1971 the present Hospital Board approved a private loan or subsidy to an individual in excess of $1000.00. This person is not an employee. Why were none of the Banks approached ? Was the loan repaid at the current Bank interest ?
6. At the last I.D.#23. Ratepayers meeting early in 1972, the Hospital Administrator, Carrier in his 6th. speech to the floor informed the local Ratepayers, the Field Inspector, Mr Isbister and Secretary - Accountant Mr Watson, both from Municipal Affairs, Edmonton, that there would be no Municipal requisition from our Hospital as they did not have a deficit.
   How much money has Carrier requisitioned ?? Please be good enough to get the figures for me.
7. Since your Board rubberstamped the Hospital Board last year with all good intentions. How many Hospital Board meetings have you attended?? How many have you been invited to ??
8. The present Hospital Board signed a 5 year agreement to lease a condemmned building for Indian patients in waiting, extensive renovations were carried out. Would you kindly secure a photostat of the complete agreement to lease this building and satisfy yourselves that the proper owners have signed too ??. I say that lease has not been co-signed, which brings us to - Who gave the Hospital Board funds to renovate on a bluff ??. Misappropriation of somebodys money ??
   How much is the insurance on the building ??

Cntd.

APPENDIX "F"

ST. THERESA GENERAL HOSPITAL

FORT VERMILION, ALBERTA

PH. 927 - 3272 P.O. BOX 128

May 10, 1972

Mrs. Maureen Pritchard
Ft. Vermilion, Alberta

Dear Mrs. Pritchard

It has come to the attention of the Hospital Board that you have complaints regarding the management of St. Theresa General Hospital, Ft. Vermilion, and that you are soliciting signatures to a petition for changes in the government of the hospital.

We, as a Board, have not been informed, nor has any Board member or member of the administration been informed of any of your complaints.

The Hospital Board of St. Theresa General Hospital urges you to bring these complaints forward so that remedial action may be taken.

Petitions of this nature, based on nebulous accusations, are not to the advantage of the community and can only serve to reduce the efficiency of services.

I am prepared to receive your written complaints at any time for Board consideration, or your representation at our meetings. If you indicate a desire to make a presentation at our meetings, we will ensure that you are advised of the time and place.

Yours truly

J. A. W. Newman
Chairman of the Board

Four Band Council
Fort Vermilion Agency
Fort Vermilion, Alberta
April 8, 1973

The Honourable Peter Lougheed
Premier of Alberta
Government of the Province of Alberta
Legislative Buildings
Edmonton, Alberta

Dear Sir:

RE: TREATY INDIANS OF FORT VERMILION ALBERTA
AND ST. THERESA HOSPITAL

On Saturday, April 7, 1973, the Four Band Council comprising the Fort Vermilion Indian Agency convened a joint council meeting at 2:30 P.M. The meeting was called in order to discuss the complaints received by the Four Band Council of Treaty Indians as to alleged discrimination and maltreatment of Indians using the St. Theresa Hospital, by the hospital administrator, E. J. Carrier.

It was unaminously agreed by the Four Band Council that:

a) For a period in excess of one year the hospital administrator of the St. Theresa Hospital in Fort Vermilion, Alberta, E. J. Carrier, has been the subject of numerous complaints of alleged discriminatory practises,maltreatment and abuses against Fort Vermilion area Indians in the discharge of his duties.

b) The complaints received by the Band Councils against Mr. Carrier allege and indicate that the said Mr. Carrier has, in the opinion of the Four Band Council, conducted himself in the discharge of his duties in regard to the Treaty Indians in a manner unfit for human beings irregardless of race, creed, color or religion.

c) The complaints received by the Band Councils against Mr. Carrier have created an intolerable, highly explosive and emergent situation well known but disregarded by the Government of the Province of Alberta.

continued.....

d) The Four Band Council deplores and finds the conduct of the Government of Alberta in regard to the St. Theresa Hospital situation inexcusable.

e) The numerous complaints in regards to the said administrator have, as at the date hereof been virtually ignored by the authorities resulting in considerable expense and delay to the Fort Vermilion Indians.

f) The authorities have failed to conduct a proper and detailed inquiry into all sides of the dispute.

As a result of the said allegations against Mr. Carrier and the inexcusable and intolerable inaction of the Government of Alberta the joint Band Councils of the Indian Agency of Fort Vermilion, Alberta resolved upon motion duly made which motion was seconded and unaminously carried that:

a) The Government of the Province of Alberta forthwith conduct a judicial inquiry into all aspects of the complaints against the said Mr. Carrier for his alleged discrimination and maltreatment of Treaty Indians in regard to the exercise of his duties as hospital administrator, St. Theresa Hospital, Fort Vermilion, Alberta.

b) Pending the outcome of such an inquiry the said Mr. Carrier be temporarily suspended as St. Theresa Hospital administrator.

c) Should the allegations referred to be substantiated by the inquiry that the said Mr. Carrier be forever removed as a hospital administrator in the Fort Vermilion, Alberta area.

d) Any inquiry so called be open to all parties, the Indian Association of Alberta, the Metis Association of Alberta and their legal representatives.

e) The Band Councils and Band Members of the Fort Vermilion Indian Agency co-operate fully in the conduct of and the presentation of evidence to the said inquiry.

f) The Indian Association of Alberta be and is hereby appointed to act on behalf of the Four Band Council and Band Council Members in the St. Theresa Hospital administrator dispute and that all notices and correspondence relating thereto be addressed as follows:

continued.....

Indian Association of Alberta
Kingsway Court, Room #203
11710 - Kingsway Avenue
Edmonton, Alberta

It has come to the attention of the Four Band Council that the Government in and for the Province of Alberta is of the belief that there have been no justifiable complaints by Treaty Indians in regard to Mr. Carrier's conduct referred to herein. In order to assist the Most Honourable Premier, we have attached copies of seven complaints of Treaty Indians as to the alleged misconduct of Mr. Carrier and in particular have attached a copy of a petition containing over two hundred Indian signatures of which at least fifty are signatures of Treaty Indians. What must happen before the Government of the Province of Alberta, which asserts its belief in human rights, human freedoms and human dignity, will conduct a fair and impartial inquiry into blatent complaints of human discrimination and abuses?

We humbly pray, Honourable Sir, for your assistance,

Upper Hay River Band

per _____
Chief Harry Chonkolay

Witness

Little Red River Band

per _____
Chief Andrew Sewepagaham

Boyer River Band

per _____
Chief John Bulldog

Tall Cree Band

per _____
Acting Chief Gabe Meneen

DATE DUE

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